

GLAMORGAN COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

**PRINCIPAL SCHOOL MEDICAL
OFFICER**

FOR THE YEAR 1964

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.
MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

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MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

CARDIFF:

WILLIAM LEWIS (PRINTERS) LTD.

**GLAMORGAN COUNTY COUNCIL
HEALTH COMMITTEE**

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

HEALTH COMMITTEE

Chairman: County Alderman THOMAS EVANS, J.P., M.R.S.H.

SUB-COMMITTEES:

Health Administration Sub-Committee.

Chairman: County Alderman P. J. SMITH, C.B.E., D.L., J.P., M.R.S.H.

Nursing Services Sub-Committee.

Chairman: County Alderman THOMAS EVANS, J.P., M.R.S.H.

General Health Services Sub-Committee.

Chairman: County Councillor LLEWELLYN EVANS.

Special Health Services Sub-Committee.

Chairman: County Alderman MERVYN W. PAYNE.

EDUCATION COMMITTEE

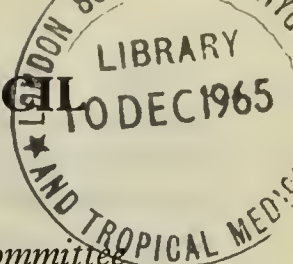
Chairman: County Alderman LLEWELLYN HEYCOCK, C.B.E., O.ST.J., D.L., J.P., LL.D.

SUB-COMMITTEE:

Medical and Special Services.

Chairman: County Councillor DAVID ISAAC MORGAN, J.P.

GLAMORGAN COUNTY COUNCIL



*To the Chairman and Members of the Health Committee
and Chairman and Members of the Education Committee*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of the County for 1964, together with the Annual Report on the health of school children for the same year. The Reports include that of the Principal School Dental Officer (Mr. H. P. R. Williams), the County Analyst (Dr. L. E. Coles) and the Borough School Medical Officer for the Rhondda Excepted District (Dr. R. B. Morley-Davies) and I am also indebted to the Head Teachers of the special schools for their reports on the work done in their schools.

The estimated mid-year population increased by 3,230 to 755,480; the annual increase in population (excess of births over deaths) during 1964 was 4,384, so that there was a loss in population of 1,154 due to migration. Between 1951 and 1961 there was an average loss of 2,528 a year in the population due to migration, but this loss in population may not be so marked during the 1960's.

The number of live births, 13,468, and the birth rate 18·2 (adjusted rate) was the highest since 1948. The number of deaths, 9,084, was the lowest since 1949; the death rate (13·8 adjusted rate) was the lowest since 1958, but compared unfavourably with that of 11·3 for England and Wales. The infant mortality rate declined to 26·7 and the peri-natal mortality rate declined to 33·4, the lowest rate recorded. The illegitimate birth rate increased from 3·9 in 1963 to 4·6 per 1,000 births, but is still well below the rate for England and Wales, which was 7·3

Concerning infectious diseases, the year was marked with a fall in the incidence of dysentery and food poisoning, but there was a rise in the incidence of whooping cough. Unfortunately there was no further decline in the notification of pulmonary tuberculosis, which increased from 279 in 1963 to 282. There was, however, a sharp decline in the number of deaths from pulmonary tuberculosis, from 91 in 1963 to 57, the lowest recorded.

During the year seven general practitioners and their partners made enquiries to work from health centres and the Authority decided to meet the Glamorgan Executive Council for preliminary discussions.

The percentage number of births which took place in hospital rose from 64 per cent in 1963 to 68 per cent in 1964 and the number of mothers discharged early from hospital rose from 30 per cent in 1963 to 43 per cent in 1964. The success of schemes for the early discharge of patients depends on the co-operation of all sections of the maternity service, viz. the district midwife, the ante-natal clinic staff, the general practitioner, and the hospital maternity service, whether the patient's home conditions are good and if the mother has been prepared for it well before her confinement. Such schemes allow "low risk" cases to be confined at home and all "high risk" cases to be admitted to hospital.

The incidence of congenital malformation in South Wales is high and congenital defects apparent at birth are notified to me. Research is being conducted by Professor Lowe and his staff at the Welsh National School of Medicine, in conjunction with medical staff of Health Departments in Glamorgan and Monmouthshire and is continuing. A report by Dr. K. M. Laurence, of the School of Medicine, on Congenital Malformations of the Central Nervous System during the period 1956-62 has been published and extracts are included in this report.

A modest improvement in the recruitment of dentists has permitted more mothers and children to receive dental treatment.

During the year more attention was given to the prevention of illness, the divisions intensifying their health education programme. Talks on a variety of health education topics were given to young mothers attending our clinics, to members of a wide range of associations, such as Women's Institutes, Co-operative Guilds, and Old Age Pensioner Associations and to school children. Four "Stop Smoking" clinics were held in the Rhondda and one was held in Aberdare.

Most old people want to maintain their independence for as long as possible and the services provided by the Health Committee, viz. health visiting, home nursing, home help, and chiropody services help them to remain as active as possible and to avoid their admission to hospital or to enable their early discharge. During the year the home help service was increased by the equivalent of 30.5 full-time home helps and three assistant organisers of home helps were appointed. The establishment of chiropodists was increased from six to eleven full-time officers, which enabled over 8,000 persons to receive treatment during the year, the greater majority of whom were elderly people.

Co-operation with general practitioners remained good and there is little doubt that health visitors will work more closely in the future with family doctors. It is probable that difficulty will be encountered in recruiting health visitors and the Authority have taken steps to stimulate recruitment.

Every endeavour is made to provide an efficient Ambulance Service, and as a result of providing radio controls, developing control techniques, including improved liaison with hospital staffs, better layout and siting of ambulance stations, it has been possible for the Ambulance Service to carry more passengers with the same number of vehicles. In 1950, 172,538 patients were conveyed in eighty-one operational vehicles, compared with 366,469 patients conveyed in 1964 in eighty-five operational vehicles, an increase of 112 per cent in the number of patients compared with an increase of 5 per cent in the number of vehicles. This considerable increase in the number of patients is due, in the main, to the rapid increase in out-patient treatment and, to a lesser extent, to the development of day hospitals for geriatric patients.

Further re-organisation of the Ambulance Service will be carried out in 1965, when the number of Control Stations will be reduced from seven to two.

Dr. Revington, my deputy, has directed most of the work concerned with the expansion of the Mental Health Service. Great strides are being made in aiding the rehabilitation of the mentally disordered or in preventing a breakdown, either in

the patients or of their social relationships so that they may live as satisfying a life as possible in the community, by the provision of a personal advice service given by health welfare officers to the mentally disordered and their families and the provision of training centres and residential accommodation for the mentally subnormal.

The Report gives some details concerning the housing conditions in the County. There is little doubt that the state of housing has much to do with the incidence of morbidity and mortality, particularly infant mortality, and the local housing authorities are taking vigorous steps to improve housing in their areas.

A separate report is included on the School Health Service. The present-day objective of the School Health Service is to ensure that a child's health does not adversely affect his educational progress. The report includes studies by a number of divisional and assistant medical officers.

It is not easy in a report such as this to give an adequate picture of the Department's activities in promoting the health and well-being of the community. Most of these activities form part of the National Health Service and the popularity of this service is due to people realising that most pain and stress can be avoided or unmade by man. The activities of the Department in the late nineteenth century and early in the twentieth century was directed quite simply to the saving of life. Since then, there has been a tremendous improvement in the expectation of life and the main emphasis in the activities of the Department is now directed towards the achievement and maintenance of the highest standards of health. This is not an easy task since this means persuading so many people to change their habits and attitudes.

My thanks are again due to the members of the Council, especially the Chairmen of the main Committees, who have given me great assistance during the year and also to members of the staff of the Health Department who have all supported me to the utmost.

I am,

Your obedient Servant,

W. E. THOMAS,

*County Medical Officer and
Principal School Medical Officer.*

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

August 1965

STAFF AS AT 31st DECEMBER, 1964

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

W. EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

C. J. REVINGTON, M.B., B.CH., B.SC., D.P.H.

ASSISTANT PRINCIPAL MEDICAL OFFICER AND ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER.

A. R. DAVIS, M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H.

SENIOR MEDICAL OFFICER.

GWLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

RHONDDA BOROUGH.

“Excepted District” under the provisions of the Education Act, 1944
Delegated Health Functions under the Local Government Act, 1958.

MEDICAL OFFICER OF HEALTH AND BOROUGH SCHOOL MEDICAL OFFICER.

R. B. MORLEY-DAVIES, M.B., B.CH., B.SC., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER.

JOHN P. J. CLARKE, M.B., B.CH., D.P.H.

DIVISIONAL MEDICAL OFFICERS.

J. LLEWELLYN WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. J. ANDERSON, M.B., B.CH., D.P.H.

KATHLEEN DAVIES, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

H. R. STUBBINS, M.D., D.P.H.

D. W. FOSTER, M.B., B.CH., B.SC., D.P.H.

D. H. J. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

D. TREVOR THOMAS, M.R.C.S., L.R.C.P., D.P.H.

G. E. DONOVAN, M.SC., M.D., B.CH., B.A.O., D.P.H.

ASSISTANT MEDICAL OFFICERS.

JAMES A. BROWN, L.R.C.P., L.R.C.S., L.R.F.A., and S.G.

PETER M. BROWN, M.B., B.CH.

DAVID J. C. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P.

THOMAS M. DAVIES, M.R.C.S., L.R.C.P.

PATRICIA M. EVANS, M.B., B.CH.

SHIRLEY P. FRANCIS, L.R.C.P., M.R.C.S.

GAYNOR HARRY, M.B., B.CH., B.SC.

DEIRDRE J. HINE, M.B., B.CH., D.P.H.

ANNE E. E. HIRST, M.B., B.S., M.R.C.S., L.R.C.P.

WILLIAM G. JONES-HUGHES, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS—continued.

AMY L. JAGGER, M.D., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

ELIZABETH G. JAMES, M.B., B.CH., B.SC.

ALYS M. JENKINS, M.B., B.CH., B.SC.

PERCY A. JOHN, M.B., B.CH., B.SC.

ALLEN SPENCER JONES, M.B., B.CH., B.SC.

JOHN G. JONES, M.R.C.S., L.R.C.P.

LYSBERTH R. VAUGHAN-JONES, L.R.C.P., L.R.F.P.

DAVID LL. PARSONS, M.B., B.CH.

IAN C. PEEBLES, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.C.H., C.P.H.

WINIFRED E. PROBERT, M.R.C.S., L.R.C.P., D.P.H.

ENID REED, M.B., B.CH., D.C.H.

WILLIAM J. ST. E. G. RHYS, B.SC., M.B., B.S., D.R.C.O.G., M.A., M.R.C.O.G.

COLIN J. ROBERTS, M.B., B.CH., M.R.C.S., L.R.C.P., D.C.O.G., D.OBST.

DAVID F. ROWLANDS, M.B., B.SC., D.OBST., R.C.O.G.

JOHN F. ROWLAND, M.B., B.CH., D.P.H.

JOHN H. STUBBINS, M.B., CH.B.

JEAN E. M. THOMAS, M.B., B.CH., D.R.C.O.G., D.C.H.

PAMELA W. THOMAS, M.B., B.CH., D.OBST., R.C.O.G.

ARTHUR L. J. WILLIAMS, M.B., B.S.

In addition to the above, twenty-six medical officers were engaged for varying periods during the year on a part-time or sessional basis.

PRINCIPAL SCHOOL DENTAL OFFICER.

H. P. R. WILLIAMS, L.D.S., R.C.S. (Eng.).

COUNTY PUBLIC AND OFFICAL AGRICULTURAL ANALYST.

L. E. COLES, B.PHARM., PH.D., F.P.S., F.R.I.C.

DEPUTY COUNTY PUBLIC AND OFFICAL AGRICULTURAL ANALYST.

MANSEL C. FINNIEAR, B.SC., F.R.I.C.

SENIOR COUNTY PUBLIC HEALTH INSPECTOR.

W. D. LEWIS, M.A.P.H.I.

COUNTY PUBLIC HEALTH INSPECTOR.

H. P. EVANS, M.A.P.H.I.

PRINCIPAL NURSING OFFICER.

ELIZABETH J. MOSELEY, S.R.N., S.C.M., H.V.CERT.

DEPUTY PRINCIPAL NURSING OFFICER.

JENNET M. DAVIES, S.R.N., S.C.M., H.V.CERT.

COUNTY AMBULANCE OFFICER.

DAVID ILLTYD MORRIS, F.I.A.O., F.I.C.D.

COUNTY ORGANISER OF HOME HELPS.

NANCY OLWEN PARRY.

ADMINISTRATIVE ASSISTANT.

J. H. L. MABBITT.

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NATIONAL HEALTH SERVICE ACT, 1946

DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day-to-day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (section 27) and the Mental Health Service is delegated to the eight Divisional Health Committees. Each Divisional Health Committee is composed of members of the County Council within the divisional area, and representatives of Councils of County districts within the division. The County Health Committee on the recommendation of the Divisional Committees appoints a number of additional members who have experience of the health services. In each division there is a Divisional Medical Officer.

Since 1st July, 1962, the Council of the Borough of Rhondda administered health services on behalf of the County Council under a scheme approved under section 466 of the Local Government Act, 1958. These services cover a wider range than those administered by the Health Divisions and include the County Council functions under the Nurseries and Child Minders Regulation Act, 1948, the functions of the County Council under the Mental Health Act, 1959, and their functions for the Care and After-Care in residential accommodation of persons suffering from mental illness but exclude the Ambulance Service. The Borough also exercise a number of the functions of the County Council under the National Assistance Act, 1948.

<i>Health Division.</i>	<i>Divisional Medical Officer</i>	<i>Divisional Health Office</i>
Aberdare and Moun- tain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Rock Grounds, Aberdare. (2497/8.)
Caerphilly and Gelli- gaer	D. W. J. Anderson, B.SC., M.B., B.CH., D.P.H.	Caerphilly Road, Ystrad Mynach. (Hengoed 3171.)
Mid-Glamorgan ..	Kathleen Davies, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.	Quarella Road, Bridgend. (2515.)
Neath and District ..	H. R. Stubbins, M.D., D.P.H.	Dyfed Road, Neath. (2481/2.)
Pontypridd and Llan- trisant	D. W. Foster, B.SC., M.B., B.CH., D.P.H.	Courthouse Street, Ponty- pridd. (3016.)
Port Talbot and Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Park House, Theodore Road, Port Talbot. (2137.)
South-East .. Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Grey- friars Road, Cardiff. (28033.)
West Glamorgan ..	G. E. Donovan, M.SC., M.D., B.CH., B.A.O., D.P.H.	5 St. James' Crescent, Swan- sea. (57894/5.)

Authority which has delegated responsibilities under the Local Government Act, 1958:—

	<i>Medical Officer of Health.</i>	<i>Address and Telephone No..</i>
Rhondda M.B.	.. R. B. Morley-Davies, M.B., B.CH., B.SC., D.P.H.	Health and Welfare Department, Municipal Offices, Pentre, Rhondda. (Pentre 3008/9.)

In the interests of efficiency, minor administrative adjustments, as follows, have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division:—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, South-East Glamorgan .. Thomastown	..	Pontypridd and Llantrisant.
Scotch Row, Gilfach Rhondda M.B. Goch	do.
Nysmaerdy South-East Glamorgan	do.
Edmundstown Rhondda M.B.	do.
Penrhwiwer Pontypridd and Llantrisant	Rhondda M.B.
St. Mary Hill Mid-Glamorgan	South-East Glamorgan.

SECTION 21—HEALTH CENTRES.

Under this section of the Act, it is the duty of the Authority to provide, equip, maintain, and staff health centres. The Authority may fulfil this duty by building, purchasing, or renting suitable property.

When the Act came into force there were not many group practices and general practitioners were reluctant to operate from health centres. In January 1958 the Minister advised local health authorities that any general programme for the provision of health centres could not be undertaken for some time. The County Council decided to release sites they had earmarked for this purpose because they could not develop them within the foreseeable future.

The importance of working from these centres was also mentioned in the report "The Field of Work of the Family Doctor", published in October 1963, and with the development of group practices many general practitioners have begun to see their advantages. During 1964 requests to work from health centres were received from seven general practitioners and their partners. The Committee have agreed in principle to the policy of providing health centres and agreed to meet the Glamorgan Executive Council for preliminary discussions.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

Under Section 22 of the National Health Service Act, 1946, it is the duty of the Authority to make arrangements for the care, including in particular, dental care of expectant and nursing mothers and of children under five years who are not attending school. The Authority's services under this section of the Act continued with little change since their introduction in 1948.

CLINICS

During the year the undermentioned new clinic premises were completed:—

South-East Glamorgan Health Division.

Winston Road, Colcot, Barry.

Boverton Road, Llantwit Major.

The Colcot clinic came into use on 12th March and the Boverton clinic on 23rd March.

In the Borough of Rhondda the Ynyshir clinic was modernised.

ANTE-NATAL CARE.

TABLE 1.

Facilities available to expectant mothers at County clinics 1964, 1963, and 1954:—

Year	County Council premises	Hired premises	No. of half-day sessions	No. of women attending	No. of attendances
1964	51	36	4,020	8,936	45,979
1963	49	34	3,710	9,650	44,108
1954	38	47	3,508	11,515	48,344

A table giving details of the ante-natal and post-natal care on a divisional basis for the year 1964 is given on page 30.

It will be seen from the above table that there has been a fall in the number of women attending our ante-natal clinics. This fall is due to the fact that more general practitioners are holding their own special surgeries for expectant mothers.

In the Mid-Glamorgan Health Division only 32 per cent of the expectant mothers attended local authority clinics during 1964, compared with 83 per cent in 1949. However, the pattern whereby local authority ante-natal clinics are being superseded by general practitioners carrying out ante-natal examinations in their own surgeries, does not apply in a number of areas, notably Caerphilly and Gelligae Division and Rhondda Borough. The gradual replacement of local authority doctors in clinics by general practitioner obstetricians was foreseen in the report of the Maternity Services Committee (The Cranbrook Report), one of the criteria being that authority medical officers have no opportunity to attend at deliveries.

Some general practitioner surgeries are not entirely suitable for the holding of ante-natal care sessions and the Health Committee have offered free use of our clinic premises to general practitioners for this purpose. However, during the year 1964, only four had availed themselves of this offer, two in the Rhondda and two in the Aberdare and Mountain Ash Health Division. At special surgeries held by general practitioners for expectant mothers the local midwife usually attends.

Ante-natal clinic medical officers aim at giving the best possible ante-natal care and it is important that special attention should be given to the mother expecting her first baby, especially as now there is a tendency to earlier marriage. The

majority of these women are working during the early stages of their pregnancy and they should be encouraged to attend ante-natal clinics as early in pregnancy as possible. In the Rhondda consideration is being given to the holding of special clinics during the evenings for the first-baby mother.

Recommendation for hospital confinement is made in consultation with the consultant obstetrician or family doctor. In the past, mothers who have elected to go to hospital for confinement have tended to be from the higher social groups, as well as mothers admitted for medical or for social reasons. It is necessary to ensure that all mothers who are "at risk" should be admitted to hospital for confinement and this means that there should be a most careful selection of either domiciliary or hospital confinement.

PERI-NATAL MORTALITY.

Stillbirths and babies who die under one week are grouped as peri-natal deaths. The Glamorgan peri-natal mortality rate for a number of reasons has been higher than the rate for England and Wales; the rate for the mining valleys is high; the rate for London and South-East England is low. Nevertheless, there has been a steady improvement.

PERI-NATAL MORTALITY STATISTICS.

TABLE 2.
PERI-NATAL RATE.

Year	No. of stillbirths	No. of deaths under one week	Rates per 1,000 all births	
			Glamorgan	England and Wales
1955	351	214	49.2	37.4
1956	329	200	44.2	36.7
1957	308	213	42.1	36.2
1958	359	209	45.1	35.0
1959	360	212	45.8	34.2
1960	313	209	41.7	32.9
1961	293	169	35.7	32.2
1962	316	169	36.7	30.8
1963	276	219	36.6	20.3
1964	248	210	33.4	28.2

The Glamorgan peri-natal mortality rate has been declining steadily and the rate for the year 1964 was the lowest recorded. It will be noted from the above table that during the past decade there has been a considerable decline in the number of stillbirths, but that there has been little improvement in the reduction of infant deaths under one week. During 1964 the highest peri-natal mortality rates were

recorded in Glyncorrwg Urban, 67·0, and Maesteg Urban, 55·4, and the lowest were recorded at Bridgend Urban, 17·5, and Penarth, 16·0.

Various studies on peri-natal mortality have shown that, apart from marked regional variation, it is influenced by maternal age and parity. Peri-natal mortality is lowest among infants of mothers having their second child at the age of 25 to 29 years and highest in elderly primiparae, i.e., the woman aged 30 years who is pregnant for the first time. The patients' previous obstetric history, multiple pregnancy and social class also affect peri-natal loss. An increasing peri-natal death rate with rising maternal age after 30 years was demonstrated by the National Birthday Trust Survey. Second babies have a peri-natal mortality below average, third babies were at average risk, first babies were higher than average and from the fourth baby the risk rose steadily.

Peri-natal mortality in social class I was only half that in social class V. Very early child-bearing and the greater frequency of high parity births would tend to raise the mortality of the lower social groups.

During the year 1964, 68 per cent of Glamorgan births took place in hospital, compared with 64 per cent for the year 1963. Areas of low hospital admission were:—

	<i>Percentage of hospital births 1964.</i>
Caerphilly and Gelligaer ..	53
Pontypridd and Llantrisant ..	55
Rhondda	53

The hospital maternity arrangements in the Rhondda were improved towards the end of 1964 and will allow a higher proportion of hospital births in the Borough and also in the Pontypridd and Llantrisant Health Division.

Prematurity is a dominant factor in peri-natal mortality. In 1964 8·5 per cent of Glamorgan births were premature. The majority of stillbirths were also premature. Further details concerning prematurity are given on page 26.

Peri-natal mortality is linked with the social class of the patient. The higher the proportion of working class in the community and the poorer the state of the housing, the higher the peri-natal mortality rate. Infant loss may also be caused because of genetic disorders. The incidence of congenital malformations reflects genetic and social background rather than obstetric care. Table 3 shows statistics relating to peri-natal mortality and social conditions and these statistics, together with the statistics on malformed infants, explain to some extent the reason why the incidence of peri-natal mortality is higher in the mining valleys than in the Vale of Glamorgan.

Dr. Kathleen Davies, the Divisional Medical Officer for Mid-Glamorgan Health Division, has made a study of peri-natal mortality rates for the various districts in her division during the period 1962–64. Rates were highest in the mining areas of Maesteg and Ogmore and Garw Urban Districts. In the Maesteg District for 1964 the percentage of premature births was higher and the incidence of congenital abnormality exceeded the rest of the division.

District	Peri-natal Mortality (Rate per 1,000 live and stillbirths)					Percentage of persons in each social class (1951 census) (Distribution of occupied and retired males aged 15 and over)					Percentage of Dwellings lacking certain household arrangements (1961 census)	
	1960	1961	1962	1963	1964	I	II	III	IV	V	Hot water tap	Fixed bath
Municipal Boroughs and Urban Districts:												
Aberdare	44.41	34.48	38.77	29.46	30.45	1.7	8.8	51.8	25.6	11.1	42.11	48.52
Barry Municipal Borough	41.11	29.60	27.23	28.85	33.17	2.6	12.9	51.6	14.1	18.8	18.25	19.92
Bridgend	31.25	33.96	26.72	39.53	17.54	5.3	19.4	52.7	10.8	11.8	12.11	14.50
Caerphilly	52.35	41.27	32.26	38.24	37.41	1.7	9.2	53.4	23.9	11.8	30.25	36.27
Cowbridge Municipal Borough	58.82	—	—	66.67	76.92	5.3	21.8	51.9	9.5	11.5	21.41	25.56
Gelligaer	45.16	41.60	31.21	39.24	39.36	1.4	7.5	50.1	32.3	8.7	40.16	46.74
Glyncorrwg	40.40	46.08	26.46	50.46	66.96	0.8	5.3	47.6	37.6	8.7	32.83	37.45
Llchwyr	51.36	34.39	42.22	34.09	40.87	1.7	10.2	52.1	17.9	18.1	15.89	21.11
Maesteg	33.64	33.59	32.10	35.44	55.41	1.3	8.0	52.3	27.7	10.7	29.81	33.59
Mountain Ash	58.94	32.85	42.25	37.74	32.91	1.3	7.2	49.5	31.4	10.6	48.97	56.46
Neath Municipal Borough	40.86	29.85	44.81	33.33	34.95	2.5	11.2	50.0	15.2	21.1	19.92	25.02
Ogmore and Garw	55.39	35.18	46.70	31.03	37.04	1.0	6.7	50.9	33.0	8.4	42.03	46.86
Penarth	38.59	40.00	43.36	14.97	16.04	8.3	20.2	46.3	10.9	14.3	12.65	12.94
Pontypridd	26.50	33.33	32.48	48.14	37.10	1.6	9.9	51.1	22.7	14.7	37.95	46.59
Porthcawl	38.96	28.41	15.71	37.23	28.69	7.5	25.3	47.2	10.1	9.9	5.60	5.42
Port Talbot Municipal Borough	48.11	30.08	32.03	32.42	30.91	2.4	9.3	51.4	14.8	22.1	10.91	14.16
Rhondda Municipal Borough	45.23	39.71	48.81	43.74	34.52	1.1	7.3	51.8	28.3	11.5	52.84	61.38
Rural Districts:												
Cardiff	35.24	28.87	27.97	20.34	23.23	7.0	25.4	46.2	13.2	8.2	7.82	8.81
Cowbridge	15.67	27.32	30.48	32.83	34.30	2.2	7.3	72.3	11.9	6.3	13.26	15.52
Gower	34.15	34.93	35.87	27.52	18.35	3.4	21.9	41.6	18.0	15.1	24.99	28.70
Llantrisant and Llantwit Fardre	39.77	33.90	37.11	44.53	33.69	1.7	10.2	52.3	24.3	11.5	25.91	28.41
Neath	44.70	35.77	48.85	60.83	37.48	1.7	8.8	52.8	26.1	10.6	19.47	23.78
Penybont	36.90	41.27	35.84	32.26	28.87	1.8	10.9	53.4	19.5	14.4	13.78	15.34
Pontardawe	32.79	49.77	33.71	39.65	28.40	1.9	10.4	53.2	21.7	12.8	21.16	25.49
Administrative County												
England and Wales	41.69	35.65	36.73	36.57	33.39	2.2	10.6	51.9	22.3	13.0	27.63	32.27
	32.90	32.00	30.80	29.30	28.20	3.3	15.0	52.7	16.2	12.8	—	—

CONGENITAL MALFORMATIONS.

The incidence of congenital malformations in South Wales is high. In mid-1963 the Research Committee of the Welsh Branch of the Society of Medical Officers of Health in conjunction with Professor C. R. Lowe of the Department of Social and Occupational Medicine of the Welsh National School of Medicine arranged to compile a register of children with congenital malformations born on and after 1st January, 1964, in Glamorgan and Monmouthshire, including the County Boroughs within those counties. Notifications of congenital deformities detected at birth were also sent to the Registrar General, in respect of children born on and after this date.

Following conjoint discussions with Medical Officers of Health and Divisional Medical Officers a uniform notification of birth card was designed allowing space to give details of malformations noticed at birth. All notifications of birth are forwarded to the Department of Social and Occupational Medicine to be registered and coded. The register will provide information for researches into the aetiology of specific defects and will be open to anyone interested in this field.

As from 1st September, 1964, an assistant medical officer from each divisional area visited the homes of the children born with malformations and also the homes of selected "control" children, matched for age, parity, and social class who lived as near as possible to the malformed children, and, with the mothers co-operation, completed a comprehensive questionnaire relating to the family's medical and social history of the normal and malformed children, including family history of congenital defects in an attempt to identify causes and other factors of significance in relation to congenital deformities.

The following tables have been prepared by Professor Lowe and his staff.

Table 4 gives the incidence of malformations per 1,000 total births in the geographical counties of Glamorgan and Monmouthshire compared with Ministry of Health estimates for England and Wales and estimates obtained in a similar study conducted in the Birmingham area. The level of incidence in the Glamorgan/Monmouthshire survey compared with the other two studies suggests that a fairly high degree of accuracy has been achieved. Of particular note is the higher incidence of central nervous system defects in this part of South Wales, e.g., Spina bifida, 4.6 per 1,000 compared with Ministry estimates of 2.01 for England and Wales and an estimate of 2.92 for Birmingham.

Table 5 shows the incidence of malformed infants with certain defects born during 1964.

A survey of this nature will need to be conducted for several years before factors of significance may arise. Meanwhile the authority is able to make use of the information being compiled by Professor Lowe for research purposes into the aetiology of congenital deformities.

The Health Department's interest in the incidence of congenital malformations began in a survey initiated in 1961 by Dr. K. M. Laurence, Senior Lecturer in Paediatric Pathology at the Welsh National School of Medicine covering the period 1956-62. This was both a retrospective and prospective study and required the

notification of all central nervous system malformations detected at birth. The area covered in Dr. Laurence's survey consisted largely of the industrial valleys of Monmouthshire and most of the industrial valleys of Glamorgan and included the agricultural area of the Vale of Glamorgan. The survey did not include areas such as Neath, Whitchurch, Barry, Penarth, Cardiff, and Newport. A (preliminary) report on the result of this survey was published in 1964 and I am indebted to Dr. Laurence for permission to quote the following extracts.

Table 6. This table shows the incidence in the major central nervous system malformations in Dr. Laurence's survey compared with the incidences ascertained in surveys conducted in other areas.

Table 7. This table shows the incidence of central nervous system malformations during the period 1956-62 inclusive in the various health divisions or part divisions within the survey area.

TABLE 4.

INCIDENCE OF MALFORMATIONS PER 1,000 TOTAL BIRTHS, YEAR ENDED
31ST DECEMBER, 1964.

Type of abnormality	South Wales Survey (1964)	Ministry of Health estimates soon after birth, England and Wales (first quarter 1964)	Estimates to five years (Birmingham study)
	(Approximately 31,500 total births)	(223,396 total births)	(56,760 total births)
C.N.S.:			
Anencephalus	2.4	1.53	1.96
Hydrocephalus	2.3	1.47	2.47
Microcephalus	0.2	0.04	0.30
Spina bifida	4.6	2.01	2.92
Eye:			
Anophthalmos and Microph- thalmos	0.3	0.04	0.18
Alimentary System:			
Cleft lip and cleft palate ..	2.1	2.15	1.85*
Anal atresia	0.4	0.17	0.28
Urogenital:			
Hypospadias and epispadias ..	0.9	0.86	0.62
Other defects of male genitalia ..	0.7	0.30	0.02
Other defects of female genitalia	0.1	0.10	0.04
Extremities:			
Defects of upper and lower limbs (not otherwise specified)	—	0.67	0.33
Reduction deformities (amelia, etc.)	0.5	0.17	0.32
Polydactyly	0.1	0.81	0.97
Syndactyly	0.7	0.38	0.42
Talipes	4.5	4.16	4.15
Other defect of: shoulder girdle, arm, forearm ..	—	0.10	0.09
hand	—	0.41	0.02
lower limb ..	0.3	0.28	0.12
Dislocation of hip	0.5	0.42	0.55
Total limbs	7.3	7.39	6.98
Other Skeletal:			
Defects of skull	0.6	0.26	0.11
Other systems	5.3	0.05	0.05
Other:			
Multiple (not otherwise specified)	—	0.09	0.09
Mongolism	1.1	0.75	1.55
Exomphalos, omphalocele ..	0.6	0.32	0.48
Congenital heart disease ..	3.9	1.02	—

* Birmingham figures given as cleft lip and/or palate are not comparable

TABLE 5.

MALFORMED INFANTS (CERTAIN DEFECTS ONLY) BY AREAS,
YEAR ENDED 31st DECEMBER, 1964.

Authority	Total births (thousands)	MALFORMED INFANTS (per 1,000 births)		
		All C.N.S. defects	Anencephaly	Congenital heart disease
Cardiff	5.1	7.3	2.8	4.9
Swansea	2.9	7.9	3.5	4.5
Newport	2.2	5.9	1.4	1.8
Merthyr	1.1	4.6	1.8	2.7
Glamorgan (Divisions):				
Aberdare and Mountain Ash	1.1	8.2	0.9	2.7
Caerphilly and Gelligaer ..	1.5	6.0	1.3	6.7
Mid-Glamorgan	2.2	6.4	0.9	4.1
Neath and District	1.2	6.7	2.5	2.5
Pontypridd	1.3	12.3	3.8	2.3
Port Talbot and Glyncofrwg	1.3	9.2	3.8	3.9
South-East Glamorgan	2.5	6.0	2.4	7.2
West Glamorgan	1.1	10.9	2.7	4.6
Rhondda Municipal Borough	1.7	10.0	2.4	4.1
All Divisions	13.9	8.1	2.2	4.5
Monmouthshire	6.3	8.1	2.5	2.4
Total	31.5	7.7	2.4	3.9

RESULTS OF THE SURVEY.

Among the 884 cases there were 353 anencephalics and 405 cases of spina bifida, together with 126 hydrocephalics. Particular care is being taken to exclude all cases of acquired hydrocephalus but it is often difficult to distinguish a case of acquired hydrocephalus coming on soon after birth from a truly congenital one and the figure for hydrocephalus may thus have to be reduced a little, perhaps to around about 100. On the other hand, that for spina bifida will probably be slightly greater as no doubt a few of the cases of hydrocephalus will be found to have an associated spina bifida.

It may be worth while looking at the incidence of malformations for one year. There were about 14,000 births with 139 central nervous system malformations in 1960, giving an incidence of just below ten per 1,000 births (Table 3). The national average is somewhere around five per 1,000; for Birmingham it is a little above this at 5.7, while Scotland is said to have a high malformation rate: 6.3 (referring to stillbirths and neonatal deaths only) (Edwards, 1961) and Belfast which is regarded as having a very high incidence, has one of 8.4 (Stephenson and Warnock, 1959).

LOCAL VARIATIONS IN SOUTH WALES.

The area of investigation was divided into the various divisional health authorities and the incidence over the seven-year period of the malformations per

thousand births worked out for each (Table 5). Very striking variations became apparent with the highest incidence in the east Monmouth division, with one of 12·8 per 1,000. Towards the west of the area the incidence gradually decreases with 10·2 per 1,000 in Caerphilly and Gelligaer, 8·3 in Merthyr, 8·0 in the Rhondda, and 7·1 in Port Talbot and Glyncoerrwg, though there are some irregularities such as that of 9 per 1,000 for Neath Rural. The low incidence of 3·0 per 1,000 for Glamorgan south-east, the largely agricultural Vale of Glamorgan, where the ascertainment is however probably not complete, is of special interest as it approximates the incidence of the agricultural populations in south-eastern England. These large local authority health divisions, however, hide the even more-marked variations that occur. Taking the incidence for the whole seven years, in four townships Aberbargoed had the very high incidence of almost 21 per 1,000 births; Porthcawl, a seaside place, surprisingly had a relatively high incidence, and so had Bridgend. Blaenavon, on the other hand, had a surprisingly low incidence. However, these are based on rather small numbers of cases, while those for the health authority divisions are very much more reliable, being based, except in the case of Glamorgan south-east and Neath rural, on populations of between 60,000 and 120,000. Variations in incidence like these have been reported before by Edwards (1958), analysing Scottish figures when he found incidences ranging from 3·4 in the Highlands to 8·3 and 7·6 in Glasgow and East Lothian. Thus, local variations are not unique, but perhaps these extreme variations are unusual.

It is intended to try and discover some of the reasons for the high general incidence and more particularly for these local variations. Disease and drugs during pregnancy have already been discussed; other possible factors might include work during pregnancy, faulty diet, bad hygiene, consanguinity, and intermarriage and differences in ethnic groups, climate, water supply, and background radiation. The affected families and their controls are being interviewed and enquiries are being made about parents, grandparents, and great-grandparents to elucidate their ethnic origin and a detailed family tree and pregnancy history is obtained to help in the genetic aspects. Information about illness during pregnancy, home circumstances, occupation, and attitudes is also gathered.

TABLE 6.
INCIDENCE OF THE MAJOR C.N.S. MALFORMATIONS.

	South Wales	Bir- ming- ham	Liver- pool	Dublin	Belfast	Scot- land	Zurich	Japan
Anencephalus	40	40	31	39	55	37	22	44
Hydrocephalus	14	32	41	28	18	30	30	22
Spina bifida cystica	46	28	28	33	27	33	48	34
Incidence per 1,000 births	9·9	5·7	10·2*	12·7*	8·4	6·3†	2·7‡	1·4

*Hospital figures only. †Probably incomplete. ‡Stillbirths and neonatal deaths only.

TABLE 7.
C.N.S. MALFORMATIONS 1956-62 INCLUSIVE.

Health authority area									Incidence per 1,000 births
East Monmouth	..	..	..	..	..	..	..	..	12.8
Ebbw Vale	..	..	..	..	..	..	..	..	10.5
Rhymney	..	..	..	..	..	..	..	..	10.0
Caerphilly and Gelligaer	..	..	..	..	..	..	..	..	10.2
Merthyr	..	..	..	..	..	..	..	..	8.3
Aberdare and Mountain Ash	..	..	..	..	..	..	..	..	7.5
Rhondda	..	..	..	..	..	..	..	..	8.0
Pontypridd and Llantrisant	..	..	..	..	..	..	..	..	8.3
Mid-Glamorgan	..	..	..	..	..	..	..	..	8.9
Neath Rural	..	..	..	..	..	..	..	..	9.0
Port Talbot and Glyncoirwg	..	..	..	..	..	..	..	..	7.1
Glamorgan South-East excluding Barry, Penarth, and Whitchurch	..	..	..	..	..	..	..	..	3.0

PREVENTION OF PREMATUREITY AND THE CARE OF PREMATURE INFANTS.

A premature infant is one who weighs $5\frac{1}{2}$ lb. or less irrespective of the estimated period of gestation. The risk of death soon after birth is much greater among premature infants as they suffer from handicaps arising from the undeveloped state of important organs at the time of birth.

The rate of survival of premature infants is directly proportional to the birth weight and the first day of life is the most dangerous period especially to the baby of low weight.

During the year, 156 Glamorgan premature babies died within 28 days of birth:—

89 babies (57.0 per cent) died within 24 hours.

48 babies (30.8 per cent) died in 1 and under 7 days.

19 babies (12.2 per cent) died in 7 and under 28 days.

The risk of babies being born dead is also higher among premature babies. Of the 220 Glamorgan stillbirths during the year, 150 were premature stillbirths (68 per cent).

Prematurity is a most important contributory factor where there is a high peri-mortality rate and the only way to reduce it is by finding and using methods of preventing prematurity and conserving the lives of infants born prematurely.

Of the known causes or associated causes, the most important are toxæmia, ante-partum hæmorrhage, and multiple pregnancy.

The report of the Sub-Committee of the Central Health Services Council on the Prevention of Prematurity and the Care of Premature Infants called for a comprehensive premature baby care programme designed to rectify existing deficiencies and to raise the general standard of care and suggested such measures as the provision of an integrated scheme to cover all aspects of hospital and home care of premature infants and an effective system of after-care.

The quality of ante-natal care is an important element in the prevention of premature birth. A more careful selection is being made of patients in need of hospital confinement.

FREQUENCY OF PREMATUREITY.

TABLE 8.
PERCENTAGE OF BIRTHS WHICH WERE PREMATURE.

	England and Wales	Glamorgan				
	1962	1960	1961	1962	1963	1964
Percentage of all notified births which were premature	7.6	8.7	7.9	8.3	8.2	8.5
Percentage of live births which were premature	6.7	8.9	8.1	8.5	8.4	8.6
Percentage of stillbirths which were premature	56.3	51.2	51.9	58.3	59.6	68.2

Nowadays arrangements are made for as many premature births as possible to take place in hospital as the following table shows:—

TABLE 9.
PREMATURE LIVE AND STILLBIRTHS WHICH TOOK PLACE IN HOSPITAL.

	England and Wales	Glamorgan							
	1962	1961		1962		1963		1964	
	%	No.	%	No.	%	No.	%	No.	%
Premature live births which took place in hospital ..	80.2	670	75.5	685	75.8	767	80.8	871	86.2
Premature stillbirths which took place in hospital ..	89.0	123	83.7	147	80.3	144	91.1	123	82.0

Some live premature babies born at home need to be transferred to hospital.

TABLE 10.

	Glamorgan							
	1961		1962		1963		1964	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Number of live premature births born at home or in a nursing home and transferred to hospital before the twenty-eighth day	55	25.2	54	24.7	48	26.4	45	32.4

Babies taken from home to hospital are conveyed by an ambulance which has a special incubator in which both temperature and heat concentration can be controlled. The baby is accompanied to hospital by the district midwife.

Nowadays those babies who are nursed entirely at home are the heavier babies who do not need the special care that a specialist centre at hospital can provide although many of our midwives have had special instruction in the care of premature babies.

Table 11 gives further details concerning premature babies.

TABLE 11.

PRINCIPAL STATISTICS RELATING TO PREMATURE BIRTHS.

PREMATURE BIRTHS (i.e. live births and stillbirths of 5½ lb. or less at birth).

1. Number of premature live births notified (as adjusted by transferred notifications).		2. Number of premature stillbirths notified (as adjusted by transferred notifications).	
(a) In hospital	.. ..	(a) In hospital	.. ..
(b) At home or in a nursing home	.. ..	(b) At home or in a nursing home	.. ..
Total ..	.. ..	Total ..	.. ..
	871		123
	139		27
	910		150

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in hospital						Born at home or in a nursing home						Born:	
	Born entirely at home or a nursing home						Transferred to hospital on or before twenty-eighth day							
	Died			Died			Died			Died				
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hospital	At home or in a nursing home
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
2 lb. 3 oz. or less	44	25	13	3	1	1	—	—	5	2	2	1	33	4
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	65	25	9	3	4	1	—	—	5	2	—	—	31	15
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	149	14	8	4	7	—	—	—	10	1	2	—	31	3
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	181	6	7	2	14	—	—	—	13	3	1	2	8	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	432	7	5	3	68	—	—	—	12	2	1	1	20	4
Total	871	77	42	15	94	2	—	—	45	10	6	4	123	27

TAKING OF CORD BLOOD COOMBS TESTS.

During the year arrangements were made with the Director of the Regional Blood Transfusion Service for midwives to send in umbilical cords for blood tests.

SPECIAL WOMEN'S CLINICS.

In most of the Divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers, and suitable appliances are available for purchase.

FAMILY PLANNING ASSOCIATION.

There are limits to the advice that the Authority can give at special women's clinics. Advice on birth control for medical reasons can be given, but advice on how to space birth, i.e., family planning or attention to the problems of sub-fertility, is not permitted.

Advice on family planning, however, is given by a voluntary body, the Family Planning Association, who have been allowed the free use of clinic premises in many Divisions. It is understood that no interference should be made with the normal service provided by the Authority at the clinics and that the Association will accept responsibility for payment for additional cleaning work involved.

CARE OF THE UNMARRIED MOTHER.

The number of illegitimate births in Glamorgan during 1964 was 632, being 21 more than during 1963 and giving an illegitimate birth rate of 46 per 1,000 live births. In 1954 the rate was 28 per 1,000 live births.

During the year fifty-one mothers were admitted under the County Council scheme to hostels for their confinement, viz.:—

Northlands Salvation Army Home, Cardiff	..	23
Church Home, Stanwell Road, Penarth	..	22
Cwmdonkin Shelter, Swansea	.. ..	1
St. Annes, Chepstow	.. .. .	1
St. John's, Bristol	.. .. .	2
Mount Hope (Salvation Army), Bristol	..	1
St. Martins, Hereford	.. .. .	1

The majority of girls seeking our help are the teenagers and girls in their early twenties, although from time to time married women with an illegitimate pregnancy are found accommodation when the circumstances justify.

Health visitors do all they can to prevent disharmony between parent and girl and reconciliation often results in the withdrawal of application for assistance.

The Salvation Army hostels in Cardiff and Bristol, the Cwmdonkin Shelter, Swansea, and the Llandaff Diocesan Church Home, Penarth, are always ready to co-operate in finding vacancies for the cases brought to their notice and I am indebted to them.

TABLE 12.
DOMICILIARY AND INSTITUTIONAL LIVE AND STILLBIRTHS.
ATTENDANCES AT MATERNITY AND CHILD WELFARE CENTRES.

Health Division	BIRTHS				ANTE-NATAL AND POST-NATAL CLINICS						INFANT WELFARE CENTRES				
	Live births		Still-births		Number of Clinics		Number of women who attended during the year		Number of attendances		Number of centres	Number of children who attended during the year who were born in			Total attendances
	Domicil-	Institu-tional	Domicil-	Institu-tional	Ante-natal	Post-natal	Ante-natal	Post-natal	Ante-natal	Post-natal					
Aberdare and Mountain Ash	254	828	1	21	10	—	760	160	5,386	160	10	931	760	170	20,897
Caerphilly and Gelligaer	659	797	5	16	12	3	1,276	342	6,224	397	21	1,252	1,170	1,272	25,361
Mid-Glamorgan	705	1,431	5	31	18	—	668	21	2,420	25	29	1,914	1,755	2,155	46,741
Neath and District	356	767	4	19	7	—	1,213	361	6,905	422	14	1,010	920	1,146	23,189
Pontypridd and Llantrisant	451	799	—	2	6	—	742	78	4,113	93	14	1,047	1,122	1,519	24,244
Port Talbot and Glyncoerrwg	389	860	1	25	12	—	1,386	87	6,766	186	16	1,072	941	938	26,986
South-East Glamorgan	573	1,826	2	37	9	—	1,365	47	4,131	268	55	2,037	1,911	2,011	40,919
West Glamorgan	210	915	4	16	6	—	521	107	3,236	129	20	957	880	635	17,931
Rhondda	699	906	10	21	7	7	1,005	129	6,795	129	8	1,293	1,142	859	15,621
Totals	4,296	9,129	32	188	87	10	8,936	1,332	45,976	1,809	187	11,513	10,538	10,705	241,889

INFANT WELFARE CLINICS.

At the end of the year there were 187 infant welfare centres (180 in December 1963) to which mothers brought their babies and toddlers for advice. The clinics are usually staffed by a medical officer and health visitors but in the larger clinics a clinic nurse also assists.

The majority of the babies and toddlers brought to the clinic are healthy but others are anxious to have assurance from the medical and health visiting staff that all is well and they are advised how to care for and bring up their infants. The mother with a first baby is usually over anxious and, in addition to obtaining professional advice at the clinic, she mixes and makes friends with other mothers who attend, including experienced mothers who have had more than one child. Children brought up in a stable and happy family are less likely to suffer from neurosis in later life and good foundations for mental health are laid early in childhood.

Medical officers at clinics thoroughly examine young babies and keep a careful watch for disabilities and abnormalities such as congenital hip disease. During the year 1,121 children were referred to the family doctor or a hospital consultant for treatment or advice. This number does not include children with minor ailments such as a cold. In 1963 1,120 children were so referred. A careful watch is made of children who, because of difficult or premature births or because of defects noticed at birth, may develop certain handicaps. Mothers of these children are usually invited to bring their children for special examination at clinics. Unless the children's handicaps are obvious, it is not usual for the mothers to know the reasons for examinations so as not to make them apprehensive. Fortunately the majority of these children develop normally, but it is necessary to keep close supervision on those who unfortunately are handicapped, so that when they become of school age, education appropriate to their needs can be provided early so that they suffer no disruptions in their schooling.

At the end of the year the names of 6,630 children were kept on "at risk" registers of divisional medical officers.

Medical officers at clinics also immunise children against infectious diseases, such as poliomyelitis, diphtheria, and whooping cough.

More babies and toddlers attended our clinics in 1964 than in 1963.

TABLE 13.

		No. of sessions	No. of children attended	No. of attendances
1964	..	7,087	32,756	241,889
1963	..	6,930	29,147	200,053

The percentage of children in age groups who attend infant welfare clinics during 1964 was as follows :—

TABLE 14.

Children born 1964		Children born 1963		Children born 1954-62	
No.	%	No.	%	No.	%
11,513	85.5	10,538	79.5	10,705	21.4

DISTRIBUTION OF WELFARE FOODS.

The undermentioned table shows that there has been a decline in the amount of welfare foods sold under the Government scheme but sales of proprietary foods at our clinics are increasing.

TABLE 15.

SALE OF WELFARE FOODS, 1960-64.

	Tins of National Dried Milk	Bottles of Cod Liver Oil	Bottles of Orange Juice	Packets of Vitamin A & D Tablets
1960	83,820	40,447	310,102	26,969
1961	69,270	26,746	188,771	19,846
1962	71,099	12,764	127,348	12,015
1963	60,789	13,044	150,309	11,712
1964	50,978	13,168	177,138	12,269

Sales of proprietary foods during the financial year 1963-64 were £66,342 and increased to £86,877 the following year.

DENTAL CARE.

Mr. H. P. R. Williams, L.D.S., the Principal Dental Officer, has contributed the following report on the dental treatment of nursing and expectant mothers and children of pre-school age:—

“In the last few years there has been a tendency for mothers to continue in the care of their own family dental practitioner during pregnancy and after their child is born because the local health authority were unable to present a service due to shortage of staff. With an improvement in the staffing position during the year 1964 it was possible to provide treatment for more expectant and nursing mothers and children under the age of five years. Some 836 mothers attended our clinics, compared with 775 in 1963.

The number of teeth saved by filling was 845 against 675 in 1963. The number of extractions was 1,971 against 2,354 the previous year. It is hoped that as the number of teeth saved by conservation increases there will be a steady decline in the extraction rate.

The number of complete dentures fitted was 142 against 202 in 1963, whilst partial dentures was 113 against 114. This welcome reduction of some 60 complete dentures does seem to indicate that the young mothers in particular are becoming more tooth conscious and pay more regular visits to their dentist.

During 1964 some 978 children under the age of five years were examined, against 727 in 1963. Of this number 799 commenced treatment during the year with 635 cases being completed. The number of fillings done was 563 against 302 the previous year. All these figures are an advance on 1963 and mothers are now becoming anxious that their toddlers should have an early inspection and then being recalled every four months or so that they get to know the dentist who can arrange for the first treatment to be of a simple nature.

The number of extractions was 1,713 against 1,596 in 1963, 978 children being seen compared with 727 in 1963.

The number of general anaesthetics cases rose from 453 in 1963 to 647 last year. In all cases the anaesthetic was administered by a medical practitioner.

During the year our dental auxiliaries have visited child clinics and given talks to mothers on the importance of dental hygiene. These talks have been well received and I am sure will bear fruit in the future by extra care being taken of the toddlers' dentition as well as their own."

TABLE 16.
DENTAL TREATMENT, 1964.

Health Division	EXPECTANT AND NURSING MOTHERS												CHILDREN UNDER FIVE YEARS OF AGE									
	Examined during the year	Commenced treatment during the year	Treatment completed during the year	Scalings or scaling and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Radiographs	Dentures provided		Examined during the year	Commenced treatment during the year	Treatment completed during the year	Scalings or scaling and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Radiographs
											Complete upper or lower	Partial upper or lower										
Aberdare and Mountain Ash	182	182	56	28	91	—	—	252	30	—	6	23	66	66	25	7	7	—	—	72	31	—
Caerphilly and Gelligaer ..	79	44	57	9	125	—	—	143	6	1	9	6	83	70	69	—	38	—	—	165	49	—
Mid-Glamorgan	70	65	52	55	38	—	—	247	134	3	29	9	215	206	161	54	44	16	—	514	154	—
Neath and District ..	36	34	12	2	31	—	—	45	14	—	7	7	59	50	14	—	34	—	—	155	67	31
Pontypridd and Llantrisant	106	92	60	—	88	—	—	176	12	—	18	14	107	80	65	—	44	—	—	120	50	—
Port Talbot and Glyncorrwg	98	87	83	69	136	—	—	405	66	—	40	8	36	14	12	28	66	—	—	151	60	—
South-East Glamorgan	144	104	121	13	203	—	—	460	61	6	24	32	240	157	169	—	151	7	—	265	123	—
West Glamorgan	49	26	42	22	61	—	—	97	8	—	8	11	46	30	53	11	24	3	—	107	54	—
Rhondda Borough ..	68	68	28	6	72	1	—	146	29	3	1	3	126	126	67	—	155	3	—	164	59	—
Totals ..	832	702	511	204	845	1	—	1,971	360	13	142	113	978	799	635	100	563	29	—	1,713	647	31

MOTHERCRAFT CLASSES.

The following report has been submitted by Miss J. M. Davies, Deputy Principal Nursing Officer:—

“1964 can be described as a year of progress in this field of work.

The provision of a new sound film projector has enabled the staff to show films to large audiences and, doubtless, as the demand increases for these visual aids, so must the demand for new equipment. Evening showing of special films dealing with pregnancy have been given in many Divisions and the large number of expectant mothers and fathers attending prove that there is a need for this type of education.

The well-established mothercraft teaching has been maintained at our infant welfare and ante-natal clinics. The ante-natal mothers attend the classes well and it is interesting to note that the “invisible barriers” between the family doctors and the local health authority are fast disappearing because many mothers are advised to attend the mothercraft classes by their doctor.

Following the instruction and supervision of ante-natal exercises by the health visitor, the mothers attending the class usually join in a discussion on various aspects of pregnancy and child care over a cup of tea. Demonstration material, such as flannelgraphs, posters, leaflets, filmstrips, layettes, and actual equipment used in the home for delivery and the subsequent care of the baby, baths, demonstration dolls, cots, etc. are available to the health visiting and midwifery staff undertaking the teaching. Each Division is equipped with one or more filmstrip projector and there is a large stock of filmstrips in use for teaching purposes.

These classes are excellent media for group teaching and lively discussions take place on matters other than pregnancy, such as accident prevention, home safety, particularly of the elderly, advice on the prevention and spread of venereal diseases, and many other topics that concern the health of the community.

Young mothers at this time are in a particularly receptive mood and good mothercraft teaching, as well as the encouragement of group discussion of their problems, can do a great deal to dispel fears and to help the expectant mother to give birth to a physically and mentally healthy child.”

SECTION 23—COUNTY MIDWIFERY SERVICE.

Supervision of the Midwifery Service was undertaken by the Principal Nursing Officer and her deputy, assisted by eight divisional non-medical supervisors and the non-medical supervisor in the Rhondda.

At the end of the year the following were employed in this Service:—

120 midwives, including thirteen nurse/midwives.

Four sessional midwives engaged on nursing duties.

There were six vacancies for midwives.

The birth rate in the Administrative County continued to rise. There were 13,645 births compared with 13,439 in 1963, an increase of 206. Four thousand three hundred and twenty-eight births (31·7 per cent) took place at home compared with 4,821 births (35·8 per cent) in 1963.

The following table indicates the percentage of births in each divisional area which took place in hospital. It will be noted that in every divisional area more babies are being born in hospital.

TABLE 17.
PERCENTAGE OF DOMICILIARY AND INSTITUTIONAL BIRTHS.

Health Division	Total 1964	Domiciliary No. 1964	Institutional		Percentage of Institutional births 1963
			No. 1964	% 1964	
Aberdare and Mountain Ash ..	1,104	255	849	76.9	69.1
Caerphilly and Gelligaer	1,477	664	813	55.0	52.8
Mid-Glamorgan	2,172	710	1,462	67.3	65.9
Neath and District	1,146	360	786	68.6	65.7
Pontypridd and Llantrisant	1,252	451	801	64.0	55.3
Port Talbot and Glyncorrwg ..	1,275	390	885	69.4	63.7
South-East Glamorgan	2,438	575	1,863	76.4	73.0
West Glamorgan	1,145	214	931	81.3	77.8
Rhondda	1,636	736	927	56.7	52.5
Totals	13,645	4,359	9,317	68.3	64.1

On 18th October, 1964, a new maternity unit of forty beds was opened at Llwynypia Hospital, Rhondda, replacing Glyncornel Annexe which had thirty beds. The new maternity unit will allow more Rhondda and Pontypridd mothers to be confined to hospital.

Throughout the country there has been a rapid rise in the number of live births. The increase has been due to a change in fashion as to the ideal size of the family. Families are getting larger, from a national average of two and a quarter to a national average of two and a half children. In addition to this, there has been a steady drop in the average age of marriage.

The number of births in the Administrative County rose from 11,594 in 1955 to 13,645 in 1964, an increase of 2,151. There has been in this period a slight fall in the number of home births, 335, but the number of hospital births increased by 2,186, from 7,131 in 1955 to 9,317 in 1964.

The hospital maternity services have been able to cope with the increased number of maternity patients without an increase in the number of beds and in spite of difficulty in recruiting midwives because of the shorter length of stay of mothers in hospital.

The minimum statutory lying-in period as defined in the rules of the Central Midwives Board is ten days after the end of labour during which the continued attendance of the midwife on the mother was required. Early discharge means

discharging the patient a few days earlier than the statutory ten days and in some circumstances two days after the end of labour.

Maternity Liaison Committees throughout the Administrative County have prepared schemes for the early discharge of patients. The success of these arrangements depend on good co-operation between all sections of the Maternity Service, viz. the District Midwife, the ante-natal clinic, medical staff, the general practitioner, and the Hospital Maternity Service; whether the patient's home conditions are good, and if the mother has been prepared for it as early as possible before delivery.

Such schemes allow all "high risk" cases to be admitted for delivery and free beds for ante-natal cases requiring hospital care, e.g., the mother suffering from toxæmia.

Where patients are discharged early from hospital, the subsequent nursing care is undertaken by the domiciliary midwifery service. Medical follow-up is undertaken by the general practitioner.

TABLE 18.
PERCENTAGE OF PATIENTS DISCHARGED EARLY FROM HOSPITAL FOLLOWING THEIR CONFINEMENT, 1961-64.

Divisions	1961		1962		1963		1964	
	Number of early discharges	As percent- age of institutional births	Number of early discharges	As percent- age of institutional births	Number of early discharges	As percent- age of institutional births	Number of early discharges	As percent- age of institutional births
Aberdare and Mountain Ash ..	165	28.0	245	34.6	347	45.4	437	51.5
Caerphilly and Gelligaer ..	138	22.6	179	28.1	309	41.9	422	51.9
Mid-Glamorgan ..	88	7.0	88	7.1	113	8.0	192	13.1
Neath and District ..	82	12.4	117	16.9	303	39.7	681	86.6
Pontypridd and Llantrisant ..	99	12.4	220	34.9	257	37.2	345	43.1
Port Talbot and Glyncoirwg ..	110	14.4	123	16.4	208	26.6	520	58.8
South-East Glamorgan ..	286	16.9	367	22.2	446	24.7	426	22.9
West Glamorgan ..	99	12.4	231	28.9	266	33.7	632	67.9
Rhondda ..	129	15.4	173	20.4	309	35.0	373	40.2
Grand Total ..	1,196	15.0	1,743	21.9	2,558	29.6	4,028	43.2

ROTA SYSTEM FOR MIDWIVES.

In 1962 a rota system was introduced in a number of health divisions in an endeavour to improve the service to the patients and make more efficient use of midwifery staff. Under the system, midwives are organised into groups of five, they book patients in their original areas and undertake their own ante-natal visits but all other work, deliveries, nursings, and clinic attendances are shared. The first midwife on call under the rota system does not undertake nursings or other duties except deliveries. The second and third midwives on call undertake nursings and clinic duties and take second and third delivery cases if required. The fourth midwife is on duty for various duties but is not on call for deliveries so that her evenings are free. The fifth midwife would be off duty.

Midwives on a rota scheme are allowed two days and three nights off duty in a period of eight days. The system is in operation in the Mid-Glamorgan, Caerphilly and Gelligaer, Neath and District, and Pontypridd and Llantrisant Health Divisions. The scheme has not been adopted in the other divisions largely because the district midwives prefer to work under the previous arrangements.

TRAINING OF PUPIL MIDWIVES.

Thirteen of the County midwives are approved teachers for the instruction of pupil midwives undertaking the domiciliary side of their training. On 1st March, 1964, a Part II Midwifery Training School was established at the Bridgend General Hospital. Four pupil midwives were accepted for training, two in the Bridgend area and two in Porthcawl. There has been a Part II Midwifery Training School in Barry for many years.

Midwives working in parts of the County where the midwifery caseload is low assist their colleagues in the Home Nursing Service in the nursing of other than midwifery cases. During the year 1964, 2,243 visits were made by nurse/midwives.

ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its use. By the end of the year there will be ten Trilene machines in each of the divisions. Trilene is used either alone or in conjunction with gas and air.

MEDICAL AID.

This was summoned in accordance with the rules of the Central Midwives Board on 1,149 occasions. This compares with a figure of 1,479 for 1963.

The number of occasions on which medical aid was summoned for conditions in infants showed a slight increase, being 282 during 1964 as against 265 during 1963.

SUPERVISION OF MIDWIVES.

This work devolves, in the main, on the divisional non-medical supervisors acting under the general direction of the Divisional Medical Officers, and in Rhondda under the Medical Officer of Health, with the Principal Nursing Officer acting on any behalf as liaison officer. In all divisions the non-medical supervisors are also responsible for the supervision of the County Home Nursing Service.

TABLE 19.

VISITS MADE BY NON-MEDICAL SUPERVISORS.
SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of visits including visits of inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Home Help Services	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
(a) To County Midwives ..	210	285	144	66	129	76	185	90	121	1,306
(b) To Nursing Homes ..	—	—	3	—	—	—	6	12	—	21
(c) To Home Nurses ..	245	272	117	83	159	122	210	105	120	1,433
(d) Home Helps visits ..	—	18	3	459	—	866	2	1,077	—	2,425

TABLE 20.

DOMICILIARY CONFINEMENTS TOGETHER WITH NUMBER OF PATIENTS
ATTENDED BY MIDWIVES FOLLOWING EARLY DISCHARGE FROM HOSPITAL.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Maternity cases attended by Domiciliary Midwives during :										
Doctor booked ..	257	640	643	305	432	349	566	199	632	4,023
Doctor not booked ..	—	25	71	62	22	41	1	15	98	335
Doctor present ..	3	40	42	32	22	27	46	35	60	307
Doctor not present ..	254	625	672	335	432	363	521	179	670	4,051
Total number of confinements attended by midwives	257	665	714	367	454	390	567	214	730	4,358
Number of cases delivered in hospitals, etc., but discharged and attended by County Midwife before tenth day	437	422	192	681	345	520	426	632	373	4,028

POSTGRADUATE COURSES.

(a) *Midwives.*

The eleventh approved postgraduate refresher course was held at Dyffryn House from 7th to 11th April. In addition to Glamorgan County midwives, midwives from Breconshire County Council, Cardiff and Merthyr Tydfil County Borough Councils, and hospital midwives attended.

The total number of midwives attending was thirty, made up as follows:—

<i>Sending Authority.</i>				<i>No.</i>
Glamorgan County Council	..	..	..	14
Breconshire County Council	..	..	..	1
Cardiff County Borough	..	..	..	1
Merthyr Tydfil County Borough	..	..	..	1
Hospital Management Committee—				
Brecon and Radnor	..	..	..	2
Merthyr and Aberdare	..	..	..	2
Mid-Glamorgan	..	..	..	6
Pontypridd and Rhondda	..	..	..	3
				— 13

Miss E. J. Moseley, Principal Nursing Officer, acted as Warden for the course and was assisted by Mrs. M. Charles, Divisional Non-Medical Supervisor of Midwives for the Mid-Glamorgan Health Division.

Professor A. S. Duncan, Department of Obstetrics and Gynaecology, Welsh National School of Medicine, delivered the inaugural address “The Future of the Midwifery Service” and the following is a list of the other lectures and events:—

<i>Subject.</i>	<i>Lecturer.</i>
“Placental Insufficiency” ..	Dr. A. Howard John, Lecturer, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
“The Rules of the Central Midwives Board”	R. J. Fenney, Esq., M.B.E., B.A.(Admin.), Secretary, Central Midwives Board.
Illustrated talk: “African Journey”	Dr. C. J. Revington, Deputy County Medical Officer, Glamorgan County Council.
“New Developments in the Care of the Newborn”	Dr. Peter Gray, Senior Lecturer, Department of Child Health, Welsh National School of Medicine.
“Aspects of Analgesia in the Care of the Newborn”	Professor William W. Mushin, Department of Anaesthetics, Welsh National School of Medicine.
“Drugs in Midwifery” ..	Dr. William Gault, Consultant Obstetrician, Clatterbridge Hospital, Bebington.
Some Medical Disorders and Pregnancy”	Dr. James G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.

<i>Subject.</i>	<i>Lecturer.</i>
"Hypnosis in Midwifery" ..	M. D. Arwyn Evans, Esq., F.R.C.S., Consultant Obstetrician.
"Congenital Abnormalities" ..	Dr. W. O. Williams, General Practitioner.
"The Emotional Needs of the Pregnant Woman"	Dr. J. P. Spillane, Physician Superintendent, Whitchurch Hospital.
"Health Education"	Miss G. M. Rogers, Health Visitor, Glamorgan County Council.

Visits were paid to:—

Maesglas Hostel for Working Girls, Bridgend.

Aberkenfig Hostel and Occupation and Training Centre.

The film "Triumph of Childbirth" was shown during the course.

(b) Non-Medical Supervisors of Midwives.

A postgraduate course for non-medical supervisors of midwives was held at Bedford College, London, from 12th to 18th April, 1964, when the following supervisors attended:—

Miss M. M. Evans	..	..	Caerphilly and Gelligaer Health Division.
Miss R. E. Morris	..	..	Neath and District Health Division.
Miss B. Owen	..	..	South-East Glamorgan Health Division.

TABLE 21.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1964.

Health Division	RELATING TO MOTHER			RELATING TO INFANT
	Ante-natal	Natal	Post-natal	
Aberdare and Mountain Ash	38	56	34	48
Caerphilly and Gelligaer ..	23	158	12	47
Mid-Glamorgan	33	70	12	27
Neath and District ..	47	42	62	27
Pontypridd and Llantrisant	5	23	48	14
Port Talbot and Glyncofrwg	9	22	30	15
South-East Glamorgan ..	35	115	17	32
West Glamorgan	11	2	10	8
Rhondda	52	63	120	64
Totals ..	253	551	345	282

SECTION 24—HEALTH VISITING.

On 31st December, 1964, there were 117 full-time health visitor/school nurses, eight part-time health visitor/school nurses, three full-time school nurses, and twenty-eight part-time clinic nurses. The equivalent of whole-time health visitors engaged on local health authority work was 99.

There were nine vacancies at the end of the year in the following divisions:—

<i>Division.</i>	<i>No. of vacancies.</i>
Mid-Glamorgan	5
Caerphilly and Gelligaer	2
South-East Glamorgan	1
Port Talbot and Glyncorrwg	1

In order to stimulate recruitment, ten student health visitors were sponsored by the Authority and financial assistance was provided during their training.

The recruitment of health visitors remains a nation-wide problem. The Council for the Training of Health Visitors has recommended that the overall training of students should be 1,200 places annually, but in the current academic year there were only 766 students in training. In Glamorgan forty-one full-time and two part-time health visitors will retire within the next ten years and the recruitment of health visitors to replace them will not be easy. It is of interest to note that, although the training of health visitors takes many years longer than that of a social worker or school teacher, her remuneration is less.

Five health visitors have been selected as field work instructors to assist in the training of students.

A large field of responsibility has been given to health visitors, but their role has not been defined precisely, although the Health Visitors Training Council have completely recast the health visitors training syllabus and made modifications in the course which will be introduced during 1965. The actual content of their work is more akin to social work on the one hand and to being health educators on the other. Instead of simple health teaching to individual mothers of young children, the health visitor is now called upon to teach groups of people, viz. young mothers at ante-natal classes, young people at youth clubs, school children, the elderly at old age pensioners' clubs, and members of women's institutes, and she makes use of many teaching aids, e.g., sound film apparatus and flannelgraphs. To assist her in teaching techniques, special courses have been arranged at local colleges of further education.

Health visiting in Glamorgan is combined with school nursing and the health visitor is also the tuberculosis visitor. Specialisation is not carried out and functions are combined as a means of reducing visits to the family. The health visitor's main field of duty is concerned with:—

- (a) Maternity and child welfare.
- (b) After-care of tuberculous patients.
- (c) Health education.

(d) Care of the aged.

(e) After-care of patients discharged from hospital.

(f) School nursing duties.

Health visitors are working more closely with general practitioners and in a number of areas they inform general practitioners of house- or bed-bound elderly patients who appear to be in need of medical treatment or hospital care. In the Aberdare and Mountain Ash Health Division and the Rhondda Borough, considerable emphasis is placed on visiting elderly patients who live alone. General practitioners are beginning to realise that there is no line of demarcation between curative and preventive medicine and are beginning to see that in future, health visitors must work more closely with family doctors.

The case loads of health visitors are heavy. Their visits will tend to become more selective. After the first visit to mothers following the birth of the baby, health visitors concentrate on watching for signs of defect or abnormality, e.g., deafness or slow development. In addition, they devote more time to the needs of families who present special problems, including teenage mothers. By making selective visits to mothers of young children, the health visitor is enabled to spend more of her time with the aged and infirm and patients discharged from hospital.

The tables 22 and 23 show visits made by health visitors in 1964 and their case loads at the end of the year.

TABLE 22.
VISITS MADE BY HEALTH VISITORS, 1964.

	Children born during 1964		Children born during 1963		Other children under 5 years		Persons 65 Years or over				Mentally disordered persons				Persons discharged from Hospital other than Mental Hospital				Tuberculous households		Other infectious Diseases		Others	
	First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits	At Request of G.P. or Hospital		Others		At Request of G.P. or Hospital		Others		At Request of G.P. or Hospital		Re-visits		First Visits	Re-visits	First Visits	Re-visits	First Visits	Re-visits
Aberdare and Mountain Ash	1,076	4,871	1,086	4,539	3,109	6,830	129	92	2,126	1,671	7	6	27	28	11	7	151	29	519	696	347	59	2,746	2,345
Caerphilly and Gelligaer ..	1,666	3,730	438	5,137	1,047	5,714	19	69	88	512	1	13	6	96	4	14	15	53	49	346	24	42	291	690
Mid-Glamorgan ..	2,200	3,516	2,467	2,500	2,709	1,889	71	77	238	346	—	—	—	—	51	2	95	19	226	166	127	1	2,564	2,567
Neath and District ..	1,114	3,811	888	5,213	2,414	8,240	76	156	467	1,664	13	11	14	93	17	19	40	47	251	687	43	18	1,247	1,375
Pontypridd and Llantrisant	1,372	4,825	1,164	4,763	4,128	3,922	27	23	362	386	1	1	5	18	2	3	5	13	573	260	4	25	675	1,206
Port Talbot and Glyncoffwrwg	1,329	3,206	1,328	3,200	2,539	4,383	61	74	74	222	8	23	25	147	9	11	31	22	367	629	64	109	685	833
South-East Glamorgan ..	2,538	10,592	2,814	7,975	5,494	8,743	184	373	183	604	8	24	40	94	20	28	25	28	222	472	22	14	956	1,164
West Glamorgan ..	1,121	4,031	1,246	5,124	3,419	8,161	87	178	388	1,456	7	26	8	16	36	61	44	139	294	543	4	—	661	895
Rhondda Borough ..	1,619	9,782	1,707	9,569	3,365	10,466	111	135	2,726	3,834	1	2	21	30	3	—	16	14	707	763	29	6	1,209	985
Totals ..	14,035	48,364	13,138	48,020	28,224	58,348	765	1,177	6,652	10,695	46	106	146	522	153	145	422	364	3,208	4,562	664	274	11,034	12,060

TABLE 23.

CASE LOADS OF HEALTH VISITING STAFF AT 31ST DECEMBER, 1964.

Division	Number of cases under supervision							
	Children under 1 year	Children 1-5 years	Expectant mothers	T.B. cases	Problem families	Miscellaneous	Children at risk included in 1 and 2	Aged
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Aberdare and Mountain Ash ..	1,070	3,931	404	424	61	200	82	2,212
Caerphilly and Gelligaer ..	1,408	5,440	580	464	88	14	997	253
Mid-Glamorgan	2,056	7,576	612	518	154	105	1,870	501
Neath and District ..	1,079	4,091	424	571	6	79	478	760
Pontypridd and Llantrisant	1,187	4,071	280	523	45	69	551	324
Port Talbot and Glyncorrwg	1,247	4,829	330	414	13	102	429	107
South-East Glamorgan	2,459	8,968	253	789	85	50	529	309
West Glamorgan	1,263	3,994	420	406	32	297	390	772
Rhondda Borough ..	1,592	5,528	480	850	16	67	974	3,395
Total ..	13,361	48,428	3,783	4,959	500	983	6,300	8,633

SECTION 25—HOME NURSING SERVICE.

At the end of the year the following were employed in this Service:—

137 whole-time nurses.

22 regular part-time nurses.

In addition there were thirteen nurse/midwives.

Of the 137 whole-time nurses, 132 were State Registered and five were State Enrolled nurses. Fifty-one nurses hold the certificate of the Queen's Institute of District Nursing.

TABLE 24.
PATIENTS ATTENDED AND VISITS MADE BY HOME NURSES, 1956-64.

Year	Patients attended	Visits paid
1956	17,053	539,386
1957	17,198	572,066
1958	16,158	563,179
1959	15,385	558,095
1960	14,110	555,613
1961	14,416	551,845
1962	13,730	525,245
1963	13,026	535,442
1964	13,375	539,962

In common with trends seen throughout the country the number of patients under the age of 65 has been falling, largely because of changes in the treatment prescribed by general practitioners. In the 1950's an increase in use was made of antibiotics and other drugs administered by injections, but the oral administration of drugs is rapidly replacing injections so that the services of the home nurses are not required for many patients who had been visited frequently solely for this purpose, although this was not so in the mid-Rhondda area, where the Medical Officer of Health drew the attention of the general practitioners to the large number of injections the home nurses were being called upon to give.

Recent trends in the modern approach to health and medical care will place the highly equipped hospital service at the centre of the National Health Service, but much will depend on the growth of community care and after-care of the sick which will take off the hospitals work which can be done more effectively and beneficially outside the hospitals. If the new trend is to find full expression, the biggest expansion within the Health Service in the next decade will come on the side of local government. This may well mean an earlier discharge of surgical and medical cases from hospitals which will produce an increased demand for home nursing. It will be noted that the number of patients visited by home nurses in 1964 was 349 more than in 1963 and the trend since 1957 for fewer cases to be attended each year has been arrested.

Sixty-two per cent of the total visits paid were to patients aged 65 and over. This compares with the proportion of 61 per cent in 1963 and a proportion of 51 per cent in 1954. This part of the home nurses' work will continue to grow and, indeed, the ratio of elderly cared for by the nurses in the County is lower than the average for England and Wales.

Details of the work carried out in the divisions is shown in Table 25, from which it will be seen that case loads are heaviest in the West Glamorgan division and Borough of Rhondda.

DISTRICT TRAINING.

During the year arrangements were made for eight recently appointed home nurses to receive training in district work at Cardiff or Bristol at short-term courses.

These courses, which are residential and last for three or four months depending on previous experience, are taken at District Nurse Training Centres run by the Queen's Institute of District Nursing. Instruction is given in the adaptation of hospital techniques to the home situation, and supervision and help in the organisation and running of a district. There are lectures and discussion on all aspects of social welfare, and the agencies available to the district nurse in the care of her patients. Some experience is also given of the work of a district nurse in a rural area where the district nurse often combines the duties of home nurse, midwife, and health visitor.

The courses are of considerable benefit especially to nurses whose experience has been restricted to working in hospital. All the Glamorgan students were successful at the examination held at the end of the course, which qualifies them as Queen's District Nurses and entitles them to the National Certificate.

TABLE 25.

Summary of the home nurses' work in divisions during 1964 and a comparison made with statistics for 1963 and 1954.

Health Division	Persons aged 65 or over		Children under 5 years of age		Total cases (5)	No. of visits made		Visits included in columns 6 and 7 who were:				Average No. of Cases attended by each Nurse	Average No. of Visits made by each Home Nurse
	Cases (1)	%	Cases (3)	%		Medical or surgical (6)	Tuber- culous (7)	65 years or over (8)	Per- centage of total visits (9)	Under 5 years (10)	Per- centage of total visits (11)		
Aberdare and Mountain Ash	735	54.0	29	2.1	1,361	60,574	1,052	40,166	65.2	541	0.9	97.2	4,402
Caerphilly and Gelligaer ..	338	18.4	65	3.5	1,837	59,260	627	34,049	56.9	840	1.4	70.4	3,273
Mid-Glamorgan ..	819	50.3	29	1.8	1,628	63,012	2,329	39,452	60.4	859	1.3	79.0	3,172
Neath and District ..	366	32.3	25	2.2	1,133	44,298	5,675	26,949	53.9	392	0.8	74.1	3,266
Pontypridd and Llantrisant	523	53.0	36	3.7	986	37,048	249	24,859	66.7	448	1.2	60.2	2,763
Port Talbot and Glyncoirwg	182	14.2	18	1.4	1,285	36,227	5,529	20,884	50.0	279	0.7	82.3	3,480
South-East Glamorgan ..	642	28.7	26	1.2	2,234	86,659	1,419	64,681	73.4	520	0.6	94.3	3,716
West Glamorgan ..	503	32.1	27	1.7	1,569	49,981	736	31,225	61.6	250	0.5	112.9	3,649
Rhondda Borough ..	1,115	47.2	68	2.9	2,362	84,578	709	52,702	61.8	814	1.0	110.9	4,004
Totals, 1964 ..	5,223	36.3	323	2.2	14,395	521,637	18,325	334,967	62.0	4,943	0.9	87.6	3,538
1963 ..	4,919	34.7	496	3.5	14,170	519,609	15,833	328,254	61.3	5,336	1.0	83.4	3,430
1954 ..	5,670	34.0	1,146	6.9	16,696	464,809	31,987	252,215	50.8	8,904	1.8	121.5	3,638

SECTION 26—VACCINATION AND IMMUNISATION.

During the present century considerable strides have been made in the use of vaccination as a means of protection against infectious diseases, and many lives have been saved. Immunisations are given in the manner and order that will afford the greatest possible measure of immunity against each disease where the risk of exposure is at its greatest, that will involve the least risk of harmful reaction and complication and that will reduce the number of separate inoculations.

The success of vaccination has its disadvantages in that the public become complacent and some sections of the public will only seek protection for themselves and their children when there is an outbreak of the disease in their midst. Considerable time and trouble is taken to persuade parents to have their children vaccinated. The more rare the disease has become the greater the degree of apathy.

When vaccination against poliomyelitis for school children was introduced in May 1956 parents clamoured for their children to be protected. By 1961 it was estimated that 90 per cent to 95 per cent of school children had been vaccinated and 82 per cent of all persons under 19 years of age had been protected. As the disease has waned parents have become apathetic and of the children born in 1963 only 52 per cent had been vaccinated by 31st December, 1964, and of the children born in 1962, 60 per cent had been vaccinated by this date.

It would appear that one-third of the under-five children do not receive protection from infectious diseases as a result of vaccination or immunisation. Of the children born in 1963, 61 per cent had been immunised against diphtheria and 64 per cent had been immunised against whooping cough by 31st December, 1964. Of the children born in 1962 by the end of the year only 67 per cent had been immunised against diphtheria and 62 per cent against whooping cough.

The percentage number of children under 2 years vaccinated against smallpox was only 8 per cent. This low percentage may be due to the uncertainty which prevails in some medical circles about the wisdom of pursuing a policy of routine vaccination of infants against smallpox. The future may lie in the development of an improved vaccine, which carries no risk of occasional severe complications and the eradication of smallpox from endemic areas in the world.

Table 26 gives details of the number of persons vaccinated and immunised during the year.

A case of paralytic poliomyelitis occurred in a male child aged 3 years in the Aberdare and Mountain Ash Health Division. The child had only recently commenced a course of oral poliomyelitis vaccination. Special clinics were set up immediately and within days over 1,000 persons were vaccinated.

No case of smallpox or diphtheria was notified during the year but 454 cases of whooping cough were notified but there were no deaths from this disease.

TABLE 26.
VACCINATION AND IMMUNISATION, 1964.

Health Division	Smallpox Vaccination		Diphtheria Immunisation		Whooping Cough immunisation	Polio-myelitis Vaccination	
	Number vaccinated	Number re-vaccinated	Number immunised	Number given booster injection		Number who received primary course	Number who received reinforcing dose
Aberdare and Mountain Ash ..	238	17	1,036	1,192	1,019	1,060	927
Caerphilly and Gelligaer ..	121	3	1,071	481	1,012	1,229	829
Mid-Glamorgan ..	244	72	2,727	3,227	1,265	1,664	1,215
Neath and District ..	85	53	939	1,170	908	1,354	846
Pontypridd and Llantrisant ..	34	37	991	1,372	779	1,066	999
Port Talbot and Glyncoŵrwrwg ..	155	—	916	466	908	1,009	908
South-East Glamorgan ..	337	243	1,361	2,085	1,714	2,525	1,210
West Glamorgan ..	145	67	803	321	803	804	1,009
Rhondda Borough ..	78	34	1,243	1,143	1,230	1,375	81
Totals ..	1,437	526	11,087	11,457	9,638	12,086	8,024

SECTION 27—COUNTY AMBULANCE SERVICE.

DEMANDS ON THE SERVICE.

The following review of the number of patients conveyed by the Ambulance Service since 1949 shows, with few exceptions, a gradual increase each year, and it will be seen that by 1964 the number of patients conveyed had more than doubled.

It was anticipated in the early years that, as patients became accustomed to the free service provided, the demands would increase, but between 1963 and 1957 it appeared that these demands had "levelled out". However, since 1957 the requests for ambulance transport have continued their upward trend.

TABLE 27.

SUMMARY OF WORK DONE BY THE WHOLE SERVICE, 1949-64.

Year	Journeys	Patients	Miles
1949	69,961	130,113	1,391,644
1950	76,176	172,538	1,623,058
1951	70,439	202,300	1,585,194
1952	66,067	262,533	1,678,370
1953	65,172	284,305	1,712,490
1954	62,781	286,847	1,701,613
1955	60,329	283,622	1,659,636
1956	58,118	287,299	1,633,272
1957	57,280	286,476	1,587,433
1958	58,894	304,398	1,633,204
1959	61,045	317,342	1,677,347
1960	62,290	338,952	1,736,345
1961	60,073	347,823	1,764,245
1962	61,172	341,743	1,764,919
1963	61,767	344,383	1,795,519
1964	64,703	366,469	1,928,216

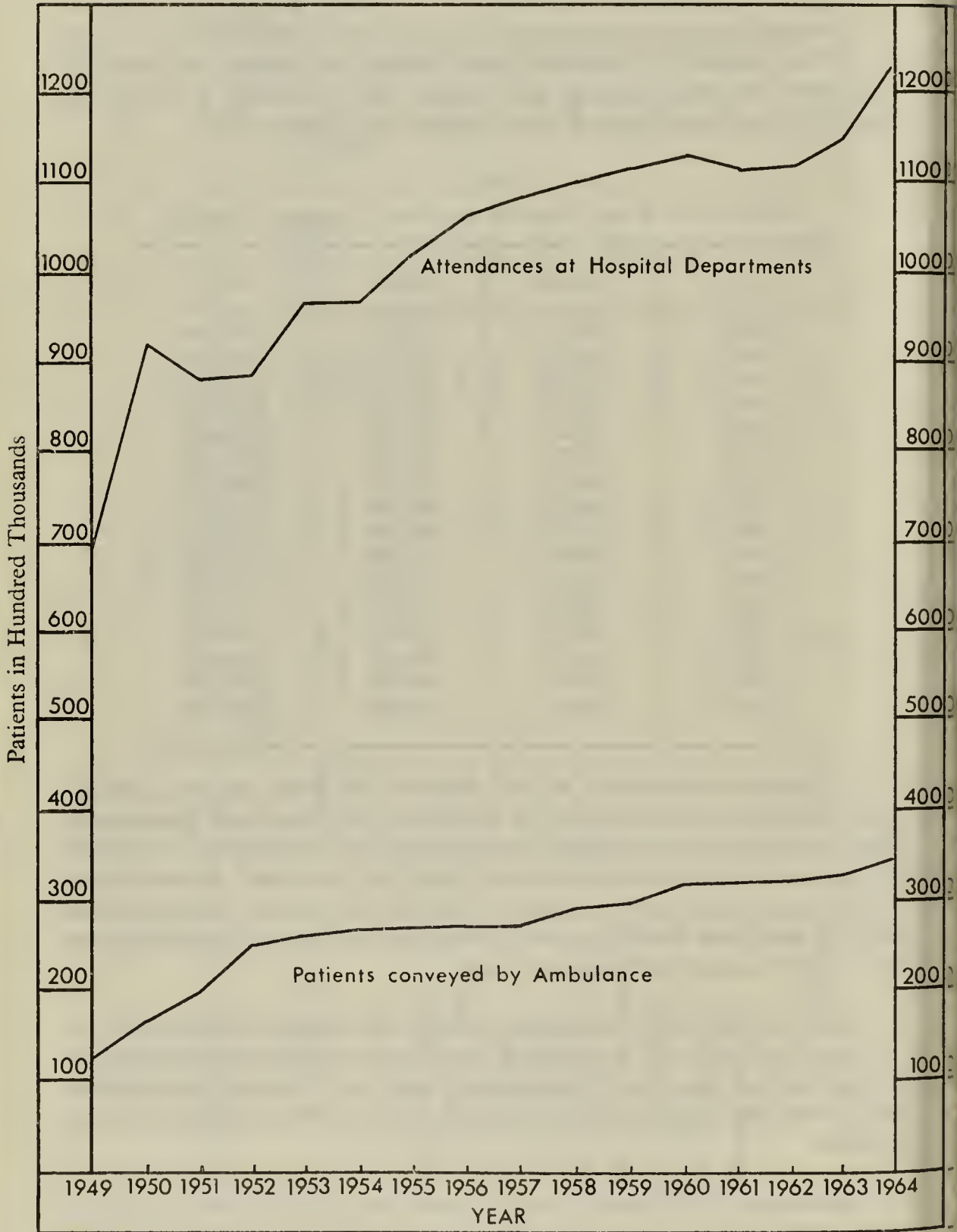
The Senior Administrative Medical Officer of the Welsh Hospital Board has kindly furnished me with details of attendances at Out-patient Departments, Accident and Emergency (Casualty) Departments, and Day Hospitals for Hospital Management Committees either wholly or partly in Glamorgan. An examination of these figures shows that the increase in demands on the Ambulance Service are following closely the increase in the attendances at the Hospital Departments and this is clearly indicated in the attached graph.

Since 1950 the number of patients conveyed has increased more than 112 per cent while the number of operational vehicles has only increased from eighty-one to eighty-five and these heavy demands being made on the Service will continue to increase with the expansion of the various Hospital Services, particularly the Day Hospitals.

Attendances at Day Hospitals have increased from 3,857 in 1961 to 25,351 in 1964 and this dramatic increase almost wholly accounts for the increase of 6.4 per cent in numbers of patients conveyed by the Ambulance Service during 1964.

TABLE 28.

NUMBER OF PATIENTS CONVEYED BY AMBULANCE COMPARED WITH THE ATTENDANCES OF PATIENTS AT HOSPITAL OUTPATIENT DEPARTMENTS, ACCIDENT AND EMERGENCY DEPARTMENTS AND DAY HOSPITALS 1949/64



It was disturbing to note from the Annual Costing Returns for 1963-64 that Glamorgan Ambulance Service carried 477 persons per thousand population while the average for equivalent sized counties was only 387.

PREMISES.

For a number of years difficulties have been encountered in garaging a vehicle at Pontardawe and the drivers have used a room at the local Council Offices, Ynisderw House, Pontardawe, the ambulance vehicle being parked in the grounds of the house. New premises have now been built in Church Street, Pontardawe, and were occupied in March, 1964.

The following is the capital building programme for the Ambulance Service:—

1964-65	..	Ambulance station at Cowbridge	..	Three bay.
		Ambulance station at Aberdare	..	Seven bay.
1965-66	..	Ambulance Station at Port Talbot	..	Six bay.
		Ambulance station at Talbot Green	..	Three bay.
1966-67	..	Ambulance station at Glyn Neath	..	Five bay.
		Ambulance station at Blackmill	..	Three bay.
1967-68	..	Ambulance station at Bridgend	..	Eight bay.

TABLE 29.

MONTHLY TOTALS OF WORK DONE, 1964.

1964		Patients	Journeys	Mileage
January	..	32,890	5,639	166,790
February	..	30,024	5,047	158,478
March	..	28,444	5,203	153,268
April	.. ..	32,215	5,462	164,197
May	.. ..	29,653	5,250	154,356
June	.. ..	32,289	5,320	163,318
July	.. ..	31,668	5,521	167,017
August	..	25,968	5,308	149,419
September	..	31,340	5,555	163,486
October	..	32,302	5,584	167,725
November	..	31,266	5,400	161,515
December	..	28,410	5,414	158,647
Totals	..	366,469	64,703	1,928,216

TABLE 30.
SUMMARY OF WORK DONE BY CONTROL AREAS, 1963-64.

Control Area	1963			1964		
	Journeys	Patients	Mileage	Journeys	Patients	Mileage
Aberkenfig ..	9,575	38,306	271,839	9,142	40,345	262,792
Gorseinon ..	6,716	33,009	197,670	6,985	33,474	212,943
Neath	9,825	45,162	235,987	9,585	46,456	246,187
Totals for Western Area	26,116	116,477	705,496	25,712	120,275	721,922
Bargoed	6,670	40,744	209,184	7,659	46,168	233,245
Barry	6,894	34,350	185,040	7,672	36,174	219,907
Pontypridd ..	13,132	95,820	436,585	14,073	103,947	464,594
Trealaw	8,955	56,992	259,214	9,587	59,905	288,548
Totals for Eastern Area	35,651	277,906	1,090,023	38,991	246,194	1,206,294
Totals for County	61,767	344,383	1,795,519	64,703	366,469	1,928,216

TABLE 31.
CONVEYANCE OF PATIENTS BY TRAIN, 1955-64.

	Recumbent	Sitting up	Total
1955	47	133	180
1956	34	149	183
1957	41	152	193
1958	36	152	188
1959	33	142	175
1960	42	121	163
1961	31	171	202
1962	27	158	185
1963	26	155	181
1964	38	192	240

The increase in the number of patients conveyed by train is mainly attributable to the fact that every effort has been made to encourage the use of trains for the transport of patients to the St. Lawrence Hospital, Chepstow.

During the past years, there has been an increase in the number of diesel-engined passenger trains operating on British Railways. These trains have open compartments and are unsuitable for the conveyance of recumbent cases. Consequently, the number of these cases conveyed by train has gradually decreased. This has meant an increase in the demand for ambulances for long distance journeys. In such cases, speed and comfort with safety are necessary requirements in the vehicle to be used and during 1964 two Morris Oxford Travellers were added to the Ambulance Fleet specifically for this purpose.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1957.

This Amendment Act gives local health authorities power to provide ambulances on standby duty at sports meetings and other large public gatherings to deal with possible casualties. The promoters of the meetings are charged for this provision.

Requests by organisers of horse and motor-car and cycle race meetings for attendance of ambulances have increased, and ambulances attended twenty-one such meetings during the year which represented an income of almost £156 to the Authority.

Similarly, local health authorities have power to carry out, on an agency basis and subject to repayment, ambulance facilities for industrial undertakings required by statute to provide ambulance facilities for their employees. However, changes have been made in the last few years in the statutory requirements for certain classes of industrial undertakings, and the number of undertakings required to make provisions for obtaining ambulance transport for injured employees has diminished.

During the year 2,856 patients were carried on behalf of the National Coal Board, a distance of 45,672 miles.

DAMAGE TO VEHICLES.

The vehicle accident rates for 1963 and 1964, classified in control areas, are set out in the following table, which shows that ambulance vehicles were involved in 113 accidents in 1964 as compared with 131 in 1963. The high number of accidents during 1963 was attributable to the severe weather conditions experienced during the early part of that year.

TABLE 32.
ACCIDENT RATES, 1963-64.

1963				1964			
Control area	No. of operational vehicles	No. of accidents	Accident incidence per 10,000 miles	Control area	No. of operational vehicles	No. of accidents	Accident incidence per 10,000 miles
Bargoed ..	10	9	0.430	Aberkenfig	12	14	0.434
Aberkenfig	14	12	0.441	Neath ..	13	11	0.447
Neath ..	13	16	0.678	Barry ..	11	10	0.455
Pontypridd	18	31	0.710	Bargoed ..	10	12	0.514
Trealaw ..	11	23	0.887	Trealaw ..	11	15	0.520
Barry ..	9	19	1.027	Pontypridd	19	29	0.624
Gorseinon	9	21	1.062	Gorseinon	9	22	1.033
Whole service	84	131	0.730	Whole service	85	113	0.586

REORGANISATION OF THE COUNTY AMBULANCE SERVICE.

As from 1st August, 1963, all 999 Emergency Ambulance Calls have been routed to either Pontypridd or Neath, where an active service has been maintained for 24 hours a day.

With the routing of the 999 Emergency Calls to Pontypridd and Neath, the remaining Controls were closed between 10.0 p.m. and 8.0 a.m. each day.

This arrangement has been very successful and it was considered that, as a further step a reduction in the number of Controls from seven to two would effect a greater co-ordination in the Service. Consequently during April 1964 Mr. T. G. Mullen, the Ministry of Health Adviser on Ambulance Services, visited Glamorgan with the object of examining the Ambulance Service and advising on this possibility.

Details of the volume of work and other particulars were studied and it was considered that two Controls for the County could provide an adequate and improved control system.

After careful consideration the Health Committee decided that the number of Controls should be reduced from seven to two, one at Neath and one at Hawthorn, Pontypridd. This necessitated making the following arrangements for the staffing of the service:—

Area Officers.

Two new posts of Area Ambulance Officers were created—one for each control area.

Control Officers.

The Area Ambulance Superintendents will be transferred to the main Controls and will be re-designated Control Officers. They will be employed on an alternating shift basis which will ensure that a senior officer will be on duty during the day and afternoon shifts.

Assistant Control Officers.

All Assistant Superintendents, with the exception of three, will be transferred to the main Controls and will be re-designated Assistant Control Officers. They will be employed on a rotary shift basis.

AMBULANCE STATIONS.

As I stated in my last report the County Council decided in 1963 that with a view to introducing 24 hours' active cover at strategic points and to replace the present "home stand-by duty" some sub-stations should be enlarged or resited.

During 1964 the Sub-Stations at Glyncoirwg, Clydach, Cwmllynfell, Gwaun-caegurwen, Ystalyfera, Pontlottyn, Ynysybwll, and Penarth were closed and as a result 24 hours' active cover is now provided at the following Stations:—

Pontypridd.	Bargoed.	Caerphilly.
Aberdare.	Trealaw.	Barry.
Neath	Gorseinon.	Pontardawe.
Cymmer.	Port Talbot.	Aberkenfig.

It has also been possible to provide additional night cover at some of these stations.

SECTION 28—PREVENTION OF ILLNESS, CARE, AND AFTER-CARE.

The functions of the County Council relating to the prevention of illness and the care and after-care of persons suffering from illness are carried out in accordance with schemes made under Section 28 of the National Health Services Act, 1946. These functions are delegated to the health divisions. Section 28 of the Act was amended by the Mental Health Act, 1959, and the functions relating to the care and after-care in residential accommodation of persons suffering from mental disorder have been delegated to the Borough of Rhondda, but not to the Divisional Health Committees as this part of the scheme is administered centrally.

The services provided by the Authority have become more comprehensive and effective since consideration is now given to the needs of families as a whole. At the inception of the Act, services were provided mainly for the tuberculous patients and sick room requisites and convalescence treatment were provided for patients nursed at home. There have been further developments since this, viz. the provision of a chiropody service mainly for the elderly and a night sitter-in service to relieve relatives who care for very sick patients. Divisional Medical Officers also co-ordinate various domiciliary services provided by both the Health and Welfare Departments to enable the early discharge of patients from hospital and they also co-ordinate with the Children's Officer local arrangements for the supervision of problem families.

A further trend is to provide more positive attention to the prevention of illness. There is no doubt that further steps will be taken to discover whether a person has a disease before the symptoms develop, as has been done by Mass X-ray in its fight against tuberculosis and it is likely that in the near future steps will be taken to discover people suffering from diabetes or women suffering from cancer of the cervix. Arrangements have already been made to raise the resistance of persons against certain diseases, e.g., vaccination against tuberculosis (B.C.G.), poliomyelitis, smallpox, diphtheria, and steps are being taken to educate the public against exposing themselves to unnecessary risks, e.g., cigarette smoking in relation to lung cancer and bronchitis, and in accepting fluoridation in water supplies in order to minimise dental caries.

Society is constantly changing and, whereas 30 years ago the problem in the County was the relationship between poverty in childhood and sickness in adulthood, the concern now is with illness caused by stress of modern life, i.e., our concern with mental ill health and inadequacy and with the ill health which comes with an affluent age, e.g., coronary disease and lung cancer. With the tremendous improvement in the expectation of life the emphasis has shifted from the saving of life to the achievement and maintenance of the highest standard of health. The public have begun to learn that most pain and ill health can be avoided and to think of health and happiness as a right.

HEALTH EDUCATION.

During the year the "Cohen" report on Health Education was published. This was a report of a joint committee of the Central and Scottish Health Services Councils who had been given the following terms of reference:—

"To consider whether, having regard to recent developments in medicine, there are any fresh fields where health education might be expected to be of benefit to the public: how far it is possible to assess the results of health education in the past: and in the light of these considerations what methods are likely to be most effective in future."

The report agreed with the definition of health adopted by the World Health Organisation, viz. the state of complete physical, mental, and social well-being and not simply the absence of disease or infirmity. Health education, therefore, is concerned with more positive measures, the promotion of good health and not merely the promotion of measures to avoid illness.

The idea of preventing ill health began during the nineteenth century with the sanitary reformers. Later disclosures about the physical unfitness of army recruits in the Boer War and the relationship between poverty of childhood and sickness in adult life alarmed the government of the day and led to action to prevent these ills, e.g., physical training for school children and the establishment of the School Health Service.

It is an historical fact that once the public conscience has been aroused in a particular field it is much easier for the authorities to tackle problems. The decline in infant and maternal mortality came about when the public became alarmed during the earlier part of the present century which resulted in legislation for midwifery, maternal, and infant welfare services. The recent public outcry against

slum landlordism of the Rachman type has quickly brought about legislative powers to enable local authorities to take speedy action. The public have shown considerable interest in the need to combat infectious disease but the public conscience is not fully aroused in all fields of preventive medicine. Where protection from a disease can be given by vaccination and immunisation the public will quickly seek treatment if the disease is in their midst, e.g., smallpox or poliomyelitis. Where ill health can be prevented by a change in habits or attitudes, e.g., refraining from smoking, it is extremely difficult to persuade public to take action to avoid ill health.

A considerable amount of attention is being given in the health divisions to health education activities, although the range of their activities varies. All divisions devoted time to the giving of talks to groups of mothers at clinics on ante-natal care and mothercraft and in many divisions, health visitors or medical officers gave talks to school children on hygiene or on the dangers of smoking. In the Caerphilly and Gelligaer Health Division, the Divisional Medical Officer personally gives talks to children who leave school. In the Borough of Rhondda, four stop-smoking clinics were held in association with the British Temperance Society, the clinics being held in the evenings and the course lasting for one week. A similar stop-smoking clinic was also held in Aberdare.

A Dental Health Exhibition was displayed at the Vale of Glamorgan Show, Cowbridge, on 19th August, and during the week ended 11th July, at the Rhondda Trades Fair, the work of the Rhondda Health Services was exhibited and in particular the work of the Training Centre for subnormal children, dental health, and maternity and welfare services.

During the year a sound film projector was purchased and was available to the eight Divisions for a period of about two weeks during each quarter. Films of a wide range of topics have been shown to such groups as women's institutes, school children, young mothers attending our clinics, and old age pensioners' organisations.

It is intended to develop health education activities so that it can become an important force in our arrangements for the prevention of illness.

TUBERCULOSIS.

The Authority has a duty to make arrangements for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from this disease. Arrangements are made for the follow-up of contacts and visiting of patients in their homes by health visitors. The Authority have a scheme for the provision of extra nourishment, such as milk, eggs, and butter, supplied to tuberculous patients in their own homes on the recommendation of the chest physicians. Bed and bedding is also supplied on the recommendation of the chest physician to patients where it is necessary for them to be segregated from the rest of the household. The Authority also have a scheme for boarding out children who are contacts.

It is very pleasing to report that there was a considerable fall in the number of deaths from tuberculosis in 1964, compared with the previous year. As will be seen from Table 34, in 1964 there were fifty-seven deaths, compared with ninety-one deaths in 1963, and 416 deaths in 1945. This considerable success since the end of

the second World War in controlling tuberculosis is due to such prevention measures as:—

- (i) Mass X-ray.
- (ii) B.C.G. vaccination.
- (iii) Improvements in the standard of living.
- (iv) Safer milk supplies.
- (v) Better follow-up of contacts and in improvements in curative measures such as the use of powerful drugs such as Streptomycin, Para Amino Salicylic Acid, and Isoniazid.

The death rate from tuberculosis has been much higher in Glamorgan than in England and Wales as a whole. Preventive and curative measures ensure that it is now rare for young persons to die from this disease. Nowadays it is the elderly miner suffering from badly damaged lungs who seems to be more likely to die from this disease and the following tables indicate the number of deaths which took place in 1964 in certain urban areas.

TABLE 33.
NOTIFICATIONS OF PATIENTS SUFFERING FROM TUBERCULOSIS.

Year	Pulmonary		Non-pulmonary	
	Notification	Rate per 1,000 population	Notification	Rate per 1,000 population
1945	1,010	1.45	283	0.41
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17
1955	716	0.97	113	0.15
1956	618	0.84	75	0.10
1957	572	0.77	82	0.11
1958	499	0.67	62	0.08
1959	450	0.60	66	0.09
1960	415	0.56	60	0.08
1961	356	0.48	49	0.07
1962	318	0.42	41	0.05
1963	281	0.37	31	0.04
1964	282	0.37	35	0.05

TABLE 34.

DEATHS FROM TUBERCULOSIS.

Year	Pulmonary		
	Total deaths in Glamorgan	Death rate per 1,000 population	
		Total Glamorgan	England and Wales
1945	416	0.60	0.52
1950	325	0.44	0.32
1951	280	0.38	0.27
1952	218	0.30	0.21
1953	202	0.27	0.18
1954	181	0.25	0.16
1955	162	0.22	0.13
1956	139	0.19	0.11
1957	102	0.14	0.09
1958	98	0.13	0.09
1959	87	0.12	0.08
1960	90	0.12	0.07
1961	88	0.12	0.06
1962	85	0.11	0.06
1963	91	0.12	0.06
1964	57	0.08	0.05

TABLE 35.

DEATHS FROM RESPIRATORY TUBERCULOSIS IN 1964.

District	Age in Years															
	Under 25		25-35		35-45		45-55		55-65		65-75		75 and over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Urban	—	—	1	—	1	2	4	3	13	1	16	—	6	1	41	7
Rural	—	—	—	—	—	—	2	—	2	—	4	—	—	1	8	1

TABLE 36.

PERCENTAGE OF TOTAL RESPIRATORY TUBERCULOSIS DEATHS IN SELECTED DISTRICTS IN 1964.

District	Number of Deaths			Percentage of all Respiratory Tuberculosis deaths in Glamorgan
	Male	Female	Total	
Rhondda Municipal Borough ..	14	—	14	24.6
Mountain Ash Urban District ..	5	—	5	8.8
Maesteg Urban District ..	3	2	5	8.8
Pontypridd Urban District ..	4	—	4	7.0
Neath Rural District	3	—	3	5.3
Penarth Urban District ..	2	1	3	5.3
Aberdare Urban District ..	1	2	3	5.3
Caerphilly Urban District ..	3	—	3	5.3
Total	35	5	40	70.2

B.C.G. VACCINATION.

B.C.G. vaccination was offered to school children aged 13 and over under the authority's scheme and details of children protected are given in Table 37. In addition B.C.G. vaccination was administered by chest physicians to contacts of patients suffering from tuberculosis. Details are given on page 66.

TABLE 37.
B.C.G. VACCINATION SCHEME FOR VACCINATING SCHOOL CHILDREN.

Division	School children scheme				Students attending further education establishments			
	Number skin tested	Number found positive	Number found negative	Number vaccinated	Number skin tested	Number found positive	Number found negative	Number vaccinated
Aberdare and Mountain Ash ..	596	90	506	506	1	—	1	1
Caerphilly and Gelligaer ..	1,495	314	1,181	681	—	—	—	—
Mid-Glamorgan ..	1,177	156	1,021	1,021	—	—	—	—
Neath and District ..	636	76	559	547	—	—	—	—
Pontypridd and Llantrisant ..	698	210	413	412	—	—	—	—
Port Talbot and Glyncofrwg ..	799	72	667	661	—	—	—	—
South-East Glamorgan ..	1,527	195	1,278	1,269	—	—	—	—
West Glamorgan ..	561	40	504	498	10	5	5	5
Rhondda Borough ..	921	243	678	678	—	—	—	—
Totals ..	8,410	1,396	6,807	6,273	11	5	6	6
Totals, 1963 ..	7,767	1,178	6,360	5,876	14	2	11	11

TABLE 38.

B.C.G. VACCINATION SCHEME FOR VACCINATING CONTACTS.

Chest Physician	Number skin tested	Number found positive	Number found negative	Number vaccinated
Dr. T. W. Davies (Swansea) ..	89	12	77	59
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	207	21	186	146
Dr. H. Trail (Bridgend)	651	98	512	534
Dr. E. A. Aslett (Merthyr and Aber- dare)	342	179	163	98
Dr. J. Glyn Cox (Pontypridd and Rhondda)	1,108	471	620	775
Prof. F. Heaf (Rhymney and Sirhowy)	122	13	99	93
Dr. S. H. Graham (Cardiff)	17	—	17	37
Divisional Medical Officers	426	60	364	109
Totals	2,962	854	2,038	1,851
Totals, 1963	2,617	605	1,782	1,913

SURVEY OF GASTRIC CONDITIONS.

This survey, which has been in progress since 1951, under the direction of Dr. Ernest Evans, Consultant Physician at the East Glamorgan Hospital, continued during the year, and the services of one of the health visitors in the Pontypridd and Llantrisant Health Division are still being used in the follow-up of patients.

SURVEY OF CHILDHOOD CANCERS.

The Department continued to co-operate with the Department of Social Medicine at Oxford University in the follow-up of cases of childhood cancers.

PROBLEM FAMILIES.

In 1950 a circular issued jointly by the Home Office, Ministry of Health, and Ministry of Education, drew attention to the value of co-ordination committees in combating child neglect. In each divisional area and in the Rhondda a Co-ordination Committee meets every other month under the chairmanship of the Divisional Medical Officer (in the Rhondda, under the Medical Officer of Health). The convener is the Children's Officer. Members of the Committee include senior officers of the Children's Department, the Superintendent Health Visitor, and health visitors concerned and representatives of statutory and voluntary agencies, e.g., the National Assistance Board and the N.S.P.C.C.

The Co-ordination Committees deal with a hard core of problem families, where the children are neglected because the parents are unable to cope. These families are few; they are the chronic incompetents who learn very little from experience. Although their children are neglected, this is not done wilfully and deliberate ill-treatment of children is not encountered.

The purpose of Co-ordination Committees is to prevent, if possible, the break-up of families with consequent risk to the mental or physical health of the children concerned. Until the Children and Young Persons Act, 1963, came into force, the Authority had power only to provide advice and guidance, but the Act gives the Authority power to give assistance (this would mainly be in kind) in order to diminish the need for children being received into care or kept in care. These families need close supervision over a long period.

EXFOLIATIVE CYTOLOGY.

Towards the end of the year the Authority decided that they would like to set up cervical clinics within their existing premises. The Welsh Hospital Board had made arrangements to send technicians and pathologists on training courses, but with the exception of the Glantawe Hospital Management Committee, it was not yet possible for pathologists to deal with cytological specimens on a routine basis.

Much publicity has been given to the potential benefits of cytology. A pilot scheme was established in Cardiff under the supervision of Mr. J. G. Lawson, F.R.C.S., Consultant Obstetrician at the Welsh National School of Medicine, with a view to obtaining information on the practical problems involved so that a service could be expanded on the right lines. It would be folly to embark prematurely on an extensive service as this would undoubtedly lead to a deterioration, if not a breakdown, in the hospital and laboratory facilities. It has yet to be proved whether the present method of testing is satisfactory since a negative report on cervical cancer does not exclude cancer of the uterus.

RESEARCH.

The Health Visiting and Social Work (Training) Act, 1962, empowers any local health authority to conduct or assist other persons in conducting research into matters relating to the functions of local health authorities under Part III of the National Health Services Act, 1946.

During the year an allocation of £100 was made to the Rhondda delegate authority to enable the Medical Officer of Health to conduct research into the incidence of diabetes among elderly people.

SAFETY OF DRUGS.

In January, 1964, the Ministers of Health invited all medical practitioners to co-operate in the work of Sir Derrick Dunlop's Committee on Safety of Drugs by watching for and reporting adverse reactions to the Committee. Doctors in the employ of local health authorities were also asked to participate. A little later in the year all dentists were asked to co-operate.

Each week up to 100 reports of adverse reactions to drugs are being received by the Committee. So far one statement has been issued by the Committee referring to adverse reactions associated with Monoamine Oxidase Inhibitors.

ACCIDENTS IN THE HOME.

The loss of life due to accidents in the home is considerable, and at the request of the Home Office, district authorities have set up committees to deal with this problem and in many areas, members of divisional health committees or members of the divisional health staff have been co-opted. Fatal accidents in the home are more frequent than on the roads. Home accidents increase every year and this is undoubtedly due to the increasing population of elderly people who live alone. Accidents occur at the extremes of life, among children under five and among the elderly.

The pattern of accidents can differ according to age and sex. The hazards of the baby in the cot are suffocation and choking: the adventurous toddler is exposed to burns, scalds, suffocation from plastic bags, and poisoning from medicines left within easy reach. The greatest hazard for old people is from falls. After that rank accidental poisoning from coal gas and burns.

The main antidote to accidents is education. Homes should be surveyed for potential dangers which should be removed. With a child, however, there is a danger of being over cautious and anxious so that when the mother's back is turned, the child over asserts himself and does something forbidden. Children should be taught to understand risks and how to cope with them, and this advice to mothers is given by health visitors.

In some divisions, notably Mid-Glamorgan and Borough of Rhondda, health visitors are asked to make detailed enquiries as to the cause of accidents to children. The deeper reasons behind accidents are not fully understood. The hours before meal times appear to be the most likely times for accidents when children are less well supervised, or where hunger and fatigue make them more accident prone.

It is now an offence to sell nightdresses for children which are not flame proof.

VENEREAL DISEASE.

The increased incidence of venereal disease in Britain is causing some concern and is especially marked among teenage girls. The problem is worldwide and the position in Britain is not as acute as it is in many other countries and the incidence of the disease is lower again in Wales.

Among the causes held to lie at the root of the problem are a decline in religious faith, ignorance of the nature and meaning of sex, and the growing practice for young people to indulge in alcohol, thus impairing their judgement and limiting their self restraint.

Health visitors have been given notes of guidance on how to advise young women who are known to be promiscuous.

Venereal disease does not appear to be an acute problem in the Administrative County as the following table indicates.

TABLE 39.

PERSONS IN THE ADMINISTRATIVE COUNTY ATTENDING FOR TREATMENT FOR THE FIRST TIME AT CENTRES WHICH INCLUDE CARDIFF AND SWANSEA.

Disease	1959	1960	1961	1962	1963	1964	Total
Syphilis	30	19	32	17	18	17	133
Gonorrhoea	106	92	124	107	140	123	692
Other venereal diseases	969	973	984	772	771	665	5,134
Total ..	1,105	1,084	1,140	896	929	805	5,959

CARE OF THE AGED.

It is a matter for congratulation and not for alarm that more people are able to survive into old age. Aged population in the Administrative County increased during the years 1959 to 1961 as the following table shows.

TABLE 40.

Census Year	Total population	Population aged 65 and over		
		Male	Female	Total
1951	736,437	33,789	38,576	72,364
1961	746,785	33,901	47,884	81,785
		Population aged 75 and over		
		Male	Female	Total
1951	—	9,951	12,117	22,067
1961	—	10,261	16,121	26,382

TABLE 41.

PERCENTAGE OF PERSONS AGED 65 AND OVER.

Census Year	Glamorgan	England and Wales
1951	9·8	10·9
1961	11·0	12·0

Most old people want to maintain their independence for as long as possible, and in order to help them do so, they will make increasing demands on the general practitioner service and on the preventive and domiciliary services provided by the

Authority. Probably over 96 per cent of aged people aged 65 and over live at home and the majority are well. The Census report indicated that 14,319 aged persons aged 65 and over lived alone (17.5 per cent).

It is the persons of advanced age, 75 years and over, who are likely to make demands on our domiciliary services and it is in this age group that it is showing a greater percentage increase of old people. These comprised 3.5 per cent of population in 1961, compared with 2.9 per cent in 1951. It is interesting to note that the number of aged men in the Administrative County in 1961 increased by only 112 since 1951, but the number of aged women increased by 9,308.

During the next ten years a substantial number of elderly persons will not have children to help in caring for them and those unsupported by children will make heavy demands on the domiciliary health services and the residential welfare services.

It will also be noted that the percentage of aged persons in the Administrative County is less than that for England and Wales as a whole. This is because the proportion in the population of the working classes is higher in the Administrative County than in the country as a whole and the average expectation of life among working classes has not yet reached that of the middle classes.

Many elderly persons are house bound, particularly those in the advanced age group. It is probable that 25 per cent of persons aged 70 and over are house bound. These elderly persons are making increasing demands on our domiciliary services. The services provided for the elderly are as follows:—

<i>Name of Service.</i>	<i>Number of patients provided or cared for during 1964.</i>
Health Visiting ..	8,633
Home Nursing	5,223
Home Help ..	4,077
Chiropody ..	7,736

Other services provided were night sitter-in service for patients seriously ill, convalescent holidays, and medical comforts.

Day hospitals for aged people have been established by Hospital Management Committees and close co-operation exists between the Hospitals and ourselves concerning the care of geriatric patients. During the year, because the demolition of the Graig Hospital, Pontypridd, had commenced, the day hospital for the treatment of Rhondda patients was transferred to the Carnegie Welfare Centre, Trealaw, Pontypridd patients were dealt with at the Pontypridd Cottage Hospital.

Health visitors and home nurses have been asked to look out for accidental hypothermia in the elderly.

CHIROPODY SERVICE.

On 31st December, 1964, the service comprised of one principal chiropodist and ten senior chiropodists. In 1963 the establishment consisted of six whole-time officers.

The service is available free of charge to the elderly, expectant mothers, and registered handicapped persons. Provision is also made for the treatment of

house-bound patients at their homes or for their conveyance to chiropody clinics by ambulance.

The role of the chiropodist is changing. At one time he was concerned only with the treatment of superficial conditions of the feet. Treatment was merely palliative and there was little understanding of the underlying defects. The well-trained chiropodist of today has the knowledge and the ability to decide whether or not to deal himself with many of the underlying conditions causing pain and discomfort in the feet. He possesses a high standard of technical skill.

Although a special training course for chiropodists has been established at Llandaff Technical College, it is envisaged that difficulties will be experienced in the future in recruiting well-trained chiropodists because of the demands on their services in private practice as well as for local authorities.

The following table indicates the number of patients dealt with in 1964 comparing with the previous year:—

		<i>Old age pensioners.</i>	<i>Handicapped persons.</i>	<i>Blind persons.</i>	<i>Expectant mothers.</i>	<i>Diabetics.</i>	<i>Others.</i>
1964	..	7,736	242	117	20	178	29
1963	..	4,628	139	72	14	127	68

Mr. L. G. Burland, the Principal Chiropodist, has submitted the following report:—

“During the past year there has been a considerable expansion in the service due to the fact that the number of chiropodists has increased.

More people are availing themselves of the service, partly because they are becoming aware of it and partly because they are finding the fees for private treatment are now more than they can afford.

There is also an increasing demand for domiciliary treatments, and many of these patients have expressed gratitude for the professional attention and help which they have received from this branch of the service.

On my visits to the various divisions, the work of the chiropodists has been praised, and with the introduction of postgraduate courses in chiropody, they will be able to keep abreast of the latest developments of chiropodial technique, instrumentation, materials, drugs, and many other aspects that will improve this ancillary branch of medicine.”

NIGHT SITTER-IN SERVICE.

The objects of this service, started during 1963, are to tend to the needs of critically ill patients, where no near relatives or neighbours are available and able to provide this care, or to provide relief to relatives who attend to the patients' needs at other times.

The service is not widely used in all divisional areas, but it is apparent that as general practitioners become aware of the assistance which can be afforded them the demand rises.

In one or two divisions the demand has been heavy, notably the South-East Glamorgan division. Sitters-in are women who have had some nursing experience, either in the home or hospital, but are not necessarily qualified.

PROVISION OF CONVALESCENCE.

The Authority have a scheme for providing convalescent treatment to patients at the "Rest", Porthcawl. The majority of the patients are the elderly chronic sick. Two hundred and ninety-eight patients were admitted during the year.

ISSUE OF MEDICAL COMFORTS.

Medical comforts are issued free on loan on medical recommendations to patients being nursed at home. The majority of equipment is issued from the Divisional Health Offices, although home nurses issue a restricted range, such as bedpans and air rings. Examples of some of the medical requisites issued are bedpans, bed rests, air rings, urinals, crutches, invalid chairs, and walking aids. Equipment is also supplied to tubercular patients, such as bed and bedding, and to paraplegics, such as lifting hoists.

Incontinence pads are also being issued under this scheme to incontinent patients. This service, although expensive, is proving a great boon since it obviates the need for frequent laundering of bed linen in households where the very ill patient makes heavy demands on relatives and makes it possible to nurse at home patients who would otherwise have to be admitted to hospital. Disposal of soiled pads has not proved a problem. They are usually buried, burned on large coal fires, or in incinerators.

DISCHARGE OF PATIENTS FROM HOSPITALS.

Arrangements for After-Care.

Divisional Medical Officers have been designated as the officers responsible for mobilising the domiciliary services, as suggested in the Welsh Board of Health Circular 3/63.

Good liaison exists between hospitals and the Divisional Health Offices concerning the discharge of maternity and geriatric patients, and liaison concerning other patients, e.g., surgical and elderly patients attending general hospitals, for whom the services of the Local Health Authority would be of benefit, is improving.

The scheme is in its infancy and it may be necessary to review the arrangements to ensure that the interests and well-being of the patients are being suitably fostered.

CO-OPERATION WITH VOLUNTARY BODIES.

The Ministry of Health have urged that local authorities should make greater use of voluntary efforts in connection with the development of their services under the Ten-Year Plan and discussions have taken place with the British Red Cross Society, the W.V.S., Women's Institutes, and the Association for Mentally Handicapped Children.

I have been grateful to these organisations for their willingness to help, and they have assisted in providing escorts for subnormal persons admitted to hospital for short-term stay or to our own residential hospitals.

During the year voluntary organisations assisted the department in many ways.

The Marie Curie Memorial Foundation has given grants to provide extra nursing comforts, additional nourishment, clothing, bedding, and day and night nursing to those who suffer from cancer. They have also provided a day and night nursing service to assist relatives of patients to obtain adequate rest periods from the responsibility of nursing and at the end of the year there were sixteen people available to work as night nurses. These nurses are engaged by me on behalf of the Marie Curie Organisation and the organisation pay their salaries and other expenses. Because of heavy expenditure of the past two years, the Marie Curie Memorial Foundation has found it necessary to impose an expenditure limit of £70 8s. 0d. for any one person. The service provided by these organisations is of great assistance to families who have patients suffering from cancer.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of the service on 31st December, 1964, was 369·5, an increase of 30·5 on the figure for 1963. On the payroll on that date there were 19 whole-time and 896 part-time home helps.

Mrs. N. O. Parry is the County Organiser of Home Helps and she was assisted during the year by five Assistant Organisers, one each for the Rhondda and the Mid-Glamorgan Health Division and the other three divided between six Divisions.

In the Port Talbot and Glyncoirwrg Health Division, the Home Help Service was jointly controlled by the Non-Medical Supervisor of Midwives and the Divisional Superintendent Health Visitor. With the growth of the service it is important that it should be managed by organisers who can give their undivided attention to this work, thus ensuring that the best possible use is made of the available home helps and that those who need the service most are helped. It is proposed that each Health Division will have its own organiser by 1966.

The Home Help Service has been expanding at a faster rate than any other of the Services for which the Authority is responsible. Five thousand and forty-one households were assisted during the year and in 81 per cent of these households the occupants were 65 years of age and over: in 91 per cent of the households the occupants were suffering from chronic sickness or infirmity. This invariably means that in these households the Home Help Service is needed for many years until the occupant is moved to a hospital, to a home of relatives, to a home for the aged, or dies.

The pattern of help provided by the Service has changed since the County Council assumed responsibility in 1948 under the National Health Service Act; as before 1948 the district councils only had power to provide domestic help as part of their maternity and child welfare arrangements. The emphasis has changed since from providing help for maternity cases to providing help, in particular, for the aged, infirm, and the chronic sick, as the following table shows.

TABLE 42.

	Number of households assisted			
	Maternity	Aged, T.B., and chronic sick	Other	Total
1949	496	572	247	1,315
1954	224	2,051	431	2,706
1959	209	2,984	422	3,635
1964	153	4,577	311	5,041

There has, however, been no decline in the number of maternity cases assisted in the South-East Glamorgan Health Division. The demands for help in this Division come mainly from the new housing estates where the married couples live away from their relatives who would otherwise be able to help.

TABLE 43.

	Households assisted: Maternity reasons		
	Administrative County except South-East Glamorgan Division	South-East Glamorgan Division	Total
1949	407	89	496
1954	158	66	224
1959	118	91	209
1964	67	86	153

With the considerable increase in the number of households assisted, it has been necessary to make substantial increases in the establishment of home helps.

TABLE 44.

ESTABLISHMENT OF HOME HELPS, 1949-65.

Year	Whole-time equivalent	Actual number of Home Helps on pay-roll
1949	Not available	106 full-time 63 part-time
1954	243	32 full-time 523 part-time
1959	280	18 full-time 658 part-time
1965	369.5	19 full-time 896 part-time

In the Authority's Development Plan, it is proposed to increase the whole-time equivalent of home helps to 650 by 1974.

The cost of the service continues to increase each year and during the financial year 1963-64 the actual expenditure amounted to £205,079. The estimated expenditure on the Home Help Service for 1964-65 is £268,860. A total of 694,979 hours were worked by home helps, giving a cost per hour worked of 5s. 11d. Under the County's unified income scale the maximum recoverable from recipients is 5s. 0d. per hour, and this sum was charged in 238 cases. Of the total expenditure only 3 per cent was recovered.

The following report has been submitted by Mrs. N. O. Parry, the County Organiser of Home Helps:—

"It is interesting to reflect on the changes that have gradually, and almost imperceptibly, taken place in the Home Help Service during the last decade. In early years few of those in the aged and infirm or chronic sick groups were supplied with daily help, mainly through staffing difficulties and the allied problems that are part and parcel of administering a new service.

This year, in contrast, over 100 households in these categories have had the services of a home help every working day, for periods varying from one hour to five hours daily, and covering essential services such as fire lighting, meals, and shopping, in addition to the normal household duties. The home help in such cases must be someone rather special and having found one who fits in and who is able and willing to undertake the necessary responsibility, she is rarely changed. This type of case is often difficult, tiresome, and monotonous and these specialised helps must be literally worth their weight in gold when one estimates the saving in hospital beds and hostel accommodation that their dedicated service makes possible."

TABLE 45.

DETAILS OF HOME HELP SERVICE STAFF, CASES ASSISTED AND RECOVERY CHARGES IN EACH DIVISION DURING 1964.

Health Division	Equivalent whole-time staff employed as at 31/12/64	Average number of cases attended by equivalent whole-time home help		Number of cases in which charges were made in accordance with the Recovery Scale		
		Aged 65 and over	All cases	Whole fee charged	Part fee charged	Fee FREE
Aberdare and Mountain Ash	37.5	9.4	12.1	8	20	426
Caerphilly and Gelligaer	36.0	12.2	14.5	6	62	453
Mid-Glamorgan	49.0	11.7	13.8	37	156	482
Neath and District	34.0	10.6	12.3	13	24	382
Pontypridd and Llantrisant	35.0	9.4	12.2	5	18	404
Port Talbot and Glyn-corrwg	28.0	10.9	14.2	10	11	376
South-East Glamorgan	61.0	11.0	14.7	139	128	627
West Glamorgan	28.0	11.4	13.1	13	20	334
Rhondda Borough	61.0	12.0	14.5	7	69	811
Totals	369.5	11.0	13.6	238	508	4,295

TABLE 46.
TYPES OF CASES WHERE HOME HELP WAS PROVIDED, 1964.

Health Division	Aged 65 or over	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total
Aberdare and Mountain Ash ..	352	63	—	10	29	454
Caerphilly and Gelligaer ..	439	52	3	10	17	521
Mid-Glamorgan	571	55	—	21	28	675
Neath and District ..	362	34	—	6	17	419
Pontypridd and Llantrisant ..	328	17	—	7	75	427
Port Talbot and Glyncoerrwg ..	305	67	—	6	19	397
South-East Glamorgan ..	672	65	2	86	69	894
West Glamorgan	318	18	1	3	27	367
Rhondda Borough	730	129	2	4	22	887
Totals	4,077	500	8	153	303	5,041

MENTAL HEALTH SERVICE.

ADMINISTRATION.

(a) The Authority's powers and duties under the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. Dr. C. J. Revington, my deputy, handles many of the problems that arise in the day-to-day administration of this branch of the Department's work.

Most of the examinations of mentally subnormal patients referred by the Education Committee are undertaken on behalf of the Local Health Authority by Dr. Gwladys Evans, the Senior Medical Officer.

(b) The training centres and hostels provided by the Authority and the names of the Supervisors and Wardens in charge are set out below:—

<i>Training Centre.</i>			<i>Supervisor.</i>
Aberaman	..	..	Miss M. E. Matthews.
Aberkenfig	..	..	Miss M. K. Ford.
Barry	..	..	Miss B. A. Jenkins.
Briton Ferry	..	..	Miss M. E. Grey.
Penllergaer	..	..	Mrs. D. L. Overton.
Talbot Green..	..	..	Miss D. Garland (from 1st September, 1964).
Trealaw	..	..	Mr. D. T. James.
Ystrad Mynach	..	..	Miss D. M. John.
<i>Hostels.</i>			<i>Warden.</i>
Aberkenfig	..	..	Mrs. M. Corless.
Barry	..	..	Mrs. M. May.
"Maesglas", Bridgend	..	..	Mrs. A. Day.

(c) *Health Welfare Officers.* Three new appointments were made during the year increasing the number of Health Welfare Officers to twenty-two.

It has been the practice to allocate male and female officers to districts to enable each officer to visit and supervise patients of one sex. This has resulted in the case-loads of female officers becoming disproportionately large and consideration will need to be given to the re-organisation of districts to allow each officer to visit both male and female patients, thus enabling the time of the officer to be used to greater advantage.

(d) *Senior Health Welfare Officer.* Mr. T. W. J. Anstee was appointed as the first of the Authority's Senior Health Welfare Officers as from 1st March, 1964. His duties include *inter alia* the co-ordination of the work of hospitals and the Local Health Authority, assistance in the training of new staff, acting as social worker to "Maesglas" Hostel and the Pontypridd Hostel, when in occupation, and the follow-up of patients discharged from hospital by the Mental Health Review Tribunal.

ADMISSION OF PATIENTS TO HOSPITAL.

One hundred and one patients were admitted to hospital for short-term care and a further sixteen patients received periods of short-term care at the Authority's hostels.

TABLE 47.

NUMBER OF PATIENTS ADMITTED SINCE 1954 TO HOSPITALS.

		Number of patients admitted since 1954 to hospitals			
		Under Order	On an informal basis	As places of safety	For short-term stay
1954	..	46	—	16	12
1955	..	44	—	13	12
1956	..	56	—	15	21
1957	..	39	—	11	34
1958	..	15	40	7	28
1959	..	1	31	4	35
1960	..	1	36	2	49
1961	..	1	35	—	67
1962	..	7	46	—	86
1963	..	2	39	—	92
1964	..	2	36	—	101

This table shows a continued reduction in the number of patients admitted under Order and by contrast the number of patients admitted informally for short-term care in the past three years.

HOSPITAL ADMISSIONS OF MENTALLY DISORDERED PERSONS.

Since 1st July, 1955, the catchment area of mental hospitals affecting Glamorgan were rearranged by the Hospital Board as follows:—

<i>Hospital.</i>	<i>Catchment area.</i>
Pen-y-val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch, near Cardiff ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanedeyrn, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llwchwr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Cefn Coed, Swansea ..	Swansea County Borough, Gower Rural District, Llwchwr Urban District, and Pontardawe Rural District.

During 1964 the health welfare officers arranged the admission to hospital of 649 patients, 333 of whom were admitted informally.

TABLE 48.
SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS, 1955-64.

Year	Lunacy Act, 1890				Mental Treatment Act, 1930		Mental Health Act, 1959					Informally	Total admissions arranged
	Sections 14-16 Patients certified as of unsound mind		Section 20 Patients admitted for observation	Section 1 Voluntary patients	Section 5 Temporary patients	Section 25	Section 26	Section 29	Other Sections				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1955 ..	82	95	99	82	158	222	-	2	-	-	-	-	740
1956 ..	72	79	95	119	136	187	-	1	-	-	-	-	689
1957 ..	47	52	123	143	130	180	-	4	-	-	-	-	679
1958 ..	25	36	119	194	122	164	1	3	-	-	-	-	664
1959 ..	24	27	140	210	142	152	6	8	-	-	-	16	758
1960 ..	19	60	98	156	22	20	-	-	4	5	3	21	787
1961 ..	-	-	-	-	-	-	-	-	12	14	5	188	863
1962 ..	-	-	-	-	-	-	-	-	9	12	8	7	686
1963 ..	-	-	-	-	-	-	-	-	19	26	2	18	621
1964 ..	-	-	-	-	-	-	-	-	8	25	11	4	649

There were twenty-eight more admissions last year compared with 1963.

The informal admissions indicate the understanding of patients themselves towards mental illness and the need to seek early treatment. The number of admissions arranged under Section 29 of the Mental Health Act, 1959, shows a decrease of forty-two compared with 1963. This section provides for the admission of patients for observation in case of emergency. The number of patients admitted informally increased by ninety.

COMMUNITY CARE.

Under the arrangements for after-care the health welfare officers dealt with 567 male and 760 female cases, compared with 521 male and 761 female cases in the previous year. Regular visits extending over many months are usually found to be necessary. In addition, 224 male and 463 female patients, who have not been admitted to hospital, are visited by the health welfare officers.

The main part of the Administrative County lies within the catchment area of Morgannwg Hospital. Patients from the Cardiff Rural District fall within the catchment area of Whitchurch Hospital, and patients from the Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District are within the catchment area of Cefn Coed Hospital.

For the administration of the Community Care services, the remainder of the County is divided into consultants' areas, and the health welfare officers work to the consultant psychiatrists based at Morgannwg Hospital in charge of these areas.

It must be realised that the arrangements for the admission of patients constitutes a small part of the work of the health welfare officer. The more important part concerns the medical and social supervision of the psychiatrically ill patient in his home environment and the provision of reports on the condition of such patient to the psychiatrists concerned.

In many instances the health welfare officer has also to attend the psychiatric out-patient clinics where he provides a full social history for the consultant, and has, at the same time, the opportunity to discuss the patients' needs with the doctor.

In all, some 12,711 reports were provided during the year on patients under supervision.

Visits to patients are discontinued only with the agreement of the consultant concerned, with whom the progress of particular patients is discussed at the monthly conferences held at Morgannwg Hospital or at psychiatric out-patient clinics. This is a useful procedure, and it might be of benefit were such conferences to be held at the other hospitals concerned with the Authority's area.

There remains a continuing need for residential accommodation in the form of hostels for the patient who is well enough to leave the hospital environment, but not yet ready to cope with the problems of day-to-day existence in the community. Provisions have been made in the Ten-Year Plan for the erection of such hostels.

WAITING LISTS—HOSPITALS FOR THE MENTALLY SUBNORMAL.

At the end of the year there was a waiting list of 228 classified as follows:—

(a) Patients urgently requiring admission	15
(b) Patients who would accept admission if a bed was available but whose admission is not considered urgent	28
(c) Patients who would not be prepared to accept admission at present but who, it is anticipated, will require admission in the future	185

SUBNORMAL PATIENTS RECOMMENDED FOR ADMISSION TO HOSPITAL.

Although during the year the number of patients requiring urgent admission to hospital was reduced from twenty-eight to fifteen, the total waiting list remained far too long. The majority of patients in group (a) present serious problems to parents or relatives, and while admission for short-term care to hospital or hostel attached to a training centre provides occasional respite, it is a poor substitute for a permanent place in hospital.

There remains a particular shortage in the provision of hospital places for the very young severely handicapped child, although this may be partly offset in the future by the establishment of Special Care Units.

APPOINTMENT OF PSYCHIATRIC SOCIAL WORKER/TRAINING OFFICER.

In May 1964, the Establishment Committee recommended the establishment of a new post in the Department, the officer to be appointed to be a qualified Psychiatric Social Worker and to carry out duties of a Training Officer for welfare officer trainees, specialised casework for the County Mental Health Service and "The Lindens" Hostel for Maladjusted Children and also, by arrangement with the Director of Education, duties in the Child Guidance Service.

Mr. Dennis G. Sellwood was appointed to this post and took up his appointment in October 1964. Consequently, there is little to report on training activities during the period to the end of the year.

The appointment was a new venture for the Department; employment in the Local Government field was a new experience for the officer himself. These early months served as a very useful and necessary orientation of each to the other.

Much of the Training Officer's time was spent in acquainting himself with the functions and the facilities of the Department and of other Mental Health and Social Agencies in the County, e.g., Psychiatric and Subnormality Hospitals, Welfare Services, and Children's Departments. Contact with these Agencies was greatly facilitated by the already excellent relationships which existed between them and this Department.

During these three months the Training Officer arranged a programme for the first of the Department's trainee health welfare officers. The principle on which the programme is based is that it shall give the best preparation possible in the two-year period of full-time training which they will undertake at the General Social Work (Younghusband) Course at the Cardiff College of Commerce. This means that they will have as much experience as possible of actually working with mentally ill and

subnormal people and their families; visiting them at home, at first in the company of experienced health welfare officers, and later on, on their own; spending a day every week in the Barry Occupation and Training Centre, assisting the teaching staff at the same time as learning about the children and their handicaps and also paying visits of observation to social and medical agencies, knowledge of which is an important part of a Social Worker's equipment.

An essential ingredient in this kind of programme, which is a continuing educational process, is that the trainees be given regular and frequent opportunities for discussion with the Training Officer so that they are helped to bind together their various experiences and extract the maximum benefit from them.

Training activities are expected to increase greatly in 1965, when the Department will be used as a practical work placement for students from the College of Commerce and from the University. It is also expected that other trainee health welfare officers will be appointed. In addition, it is hoped to initiate some form of in-service training for the health welfare officers, both new entrants and the more experienced.

OCCUPATION AND TRAINING.

The emphasis during 1964 has been mainly on social adaptability. This takes many and varied forms and the results can easily be seen by observing the pupils mixing socially both at home and at the Centres.

During the year, for example, visits were arranged to food exhibitions, factories, docks, and places of historical interest, such as castles, and the Welsh Folk Museum at St. Fagans. A party of senior girls from Penllergaer attended an organ recital at the Brangwyn Hall, Swansea, given by Mr. Ivor Owen, F.R.C.O., who invited the pupils on to the stage where they sang several hymns and songs to his accompaniment. Pupils from the Briton Ferry Centre provided specimens of their art for an exhibition organised by the Arts Council at the Town Hall, Neath. A party from the Centre attended the exhibition and were congratulated on the standard of their work.

All visits were followed up with discussions and work projects to extract the maximum value from the occasion.

Some of the Centres have introduced informal methods of teaching in the junior classes, whereby the children learn to explore for themselves and the results of this experiment are being watched with interest.

For the older pupils, the year has been a transitional period preparing them for the time when the first Adult Training Centre is built. This has taken the form of factory visits to get the industrial atmosphere, training in canteen methods and the division of the pupils into A and B stream. It is hoped for the near future to have factory managers visiting our centres talking to the pupils and the introduction of light industrial lines for suitable classes is being considered.

The first Adult Training Centre is scheduled for completion in 1966-67.

TABLE 49.

TRAINING CENTRE PROVISION FOR PUPILS AT DIFFERENT AGES.

Centre	Accom- modation	Numbers in attendance on 31st December, 1964								
		Age 5-9		Age 10-15		Age 16 and over		Total		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
Aberaman	55	1	3	1	4	19	7	21	14	35
Aberkenfig	100	10	8	15	8	23	26	48	42	90
Barry	100	4	4	17	18	20	27	41	49	90
Briton Ferry	75	7	3	11	4	15	20	33	27	60
Penllergaer	60	2	5	7	4	18	18	27	27	54
Talbot Green	75	8	3	5	3	19	16	32	22	54
Trealaw	75	2	7	9	6	14	13	25	26	51
Ystrad Mynach	75	4	4	11	4	26	19	41	27	68
Swansea	—	—	—	—	—	3	—	3	—	3
Total	615	38	37	76	51	157	146	271	234	505

During each term a conference of the Centre Supervisors and Hostel Wardens is held to provide an opportunity for the discussion of problems of interest to the staffs and the Department.

ADULT TRAINING CENTRES.

In my 1963 Annual Report I commented on the aims of the staffs in relation to those pupils for whom junior training centre provision has been made by the Authority. With the opening of the Talbot Green Centre the Authority's programme for Junior Training Centres has been completed and it may now be appropriate to make similar comments in relation to adult training centres, the first of which is scheduled for erection in the Mid-Glamorgan area during 1965-66.

No agreed estimates of the numbers of mentally subnormal adults are available. It was suggested in the Scott Report that taking into consideration those in hospital there could ultimately be 100,000 persons over 16 years of age who would require assistance on account of their mental handicap. Of these the majority are capable of benefiting from some sort of training and a proportion could be trained to enable them to live and work in normal conditions without constant assistance.

Contrary to popular opinion, people with even very severe mental handicap can carry out tasks requiring normal speed, precision, and dexterity and in conditions of full employment it is thought that some 20 per cent of the severely handicapped adult subnormals are capable of obtaining and keeping ordinary employment in the community.

The aim of the adult centre, therefore, is to give such training as to enable the subnormal to live and work in the open community.

The adult centre will naturally deal with a much wider range of ability than its junior counterpart and its programme must cater for the needs of the severely subnormal and others with nearly borderline average intelligence who are unable to make use of their moderate mental capabilities. In these centres is continued the education and training given in the junior centres but with more emphasis on the practical aspects of life and work.

The teaching targets of the junior centre are equally valid in the adult centre but the syllabus will need to be changed to adjust the young handicapped person gradually to the adult role. It is important that the work of the junior centre should not be wasted by a full scale introduction to the workbench which leaves no time for a follow-up. Premature full-time work experience will tend to make the subnormal more inefficient socially than he need be.

The individual child's uneven rate of development will very often result in uneven levels of accomplishment by the time the young mentally handicapped person enters the senior centre. This may be due to an understandable tendency on the part of the parent and teacher to foster those skills which make it possible for the child to look after and occupy himself, thus making him less of a burden to others. But it must not be forgotten that the mentally subnormal, like a normal person, can only exist, live, and work, by sharing in social life, by being able to mix, respond to social conventions, and to understand others and make himself understood.

The existence of ability to do certain jobs well does not mean that it will actually be used. As the driving force which makes normal people apply their abilities is extremely weak in the subnormal, this, rather than inferior intelligence represents the main obstacle in his work so that in order to increase the subnormal's interest in his work some sort of incentive should be introduced in the training centre. Nevertheless money incentives only should not be relied on and it is necessary to find out in each individual case the form of incentive to which the trainee most readily responds.

The most consistent results will probably be obtained by the provision of a friendly, encouraging, fully supportive environment. Neither the atmosphere which leaves everything to the trainee, nor the strict disciplined approach are most conducive to an active response to the learning and work situation.

It must be emphasised that the subnormal should receive further education and training during the transition period when leaving the junior centre and full-time industrial work would only be justified when it had become clear that no further improvement in social function could reasonably be expected having regard to the subnormal's age, mental limitations, and available teaching arrangements.

TRAINING CENTRES AND HOSTELS.

The following projects were completed and the establishments, of which details follow, were brought into use during the year:—

Hostel for Subnormal Children, Aberkenfig.

Junior Training Centre, Talbot Green.

Aberkenfig Hostel (Warden: Mrs. M. Corless).

This hostel, which is combined with the Training Centre, has accommodation for twenty-five subnormal children under the age of 16 years. These premises were built at a cost of £136,000 with a further £8,600 for furniture and equipment.

Four children were admitted on 10th February and by the end of the year there were eighteen children in residence.

Most of the children reside at the hostel from Mondays to Fridays only during school terms. They spend week-ends and holidays at home, and thus the link with the family is maintained.

Talbot Green Junior Training Centre (Supervisor: Miss D. Garland).

This Centre opened on 7th September, 1964, with forty-nine pupils in attendance and four special buses convey pupils from the Gilfach Goch, Cowbridge, Pontypridd, and Taffs Well areas each day.

The building was constructed at a cost of over £50,000 and £2,000 was spent on the provision of furniture and equipment.

The Centre was officially opened by County Alderman Theophilus Griffiths on 1st December, 1964.

OPEN DAYS.

Very successful open days were held on the dates shown below:—

Thursday, 2nd July	..	Trealaw.
Tuesday, 7th July	..	Penllergaer.
Wednesday, 8th July	..	Barry and Ystrad Mynach.
Monday, 13th July	..	Aberdare.
Tuesday, 14th July	..	Briton Ferry.
Wednesday, 15th July	..	Aberkenfig.

In some Centres displays of dancing were given by some of the girls and of physical education by senior boys. A puppet show was given by senior girls at Barry. Pupils and staff demonstrated some of the work undertaken at the Centres. The finished articles were exhibited for sale, and the parents and other interested visitors were pleased to note the continued high standard of work produced at the Centres.

COMBINED ANNUAL OUTINGS.

Two successful annual outings were held at Porthcawl on 2nd June and 16th June, 1964. The first was attended by 176 pupils and staff of the Aberkenfig, Briton Ferry, and Penllergaer Centres; the second by 251 pupils and staff from the Aberaman, Barry, Ystrad Mynach, and Trealaw Centres.

Special buses from the various Centres arrived at Porthcawl between 11.30 a.m. and 12 noon. Lunch and tea were provided at the Coney Beach Restaurant and during the afternoon the pupils enjoyed themselves at Rest Bay.

After tea the pupils spent a happy hour at the funfair to round off a most enjoyable day.

Thanks for making these outings so successful are due to the members of the staff, both in the Central Office and the Centres themselves, who were responsible for making the arrangements, not forgetting the generosity of Sir Leslie Joseph and the helpful and kindly attitude of the staffs at the restaurant and in the fairground, which are greatly appreciated.

RELIGIOUS SERVICES.

The Centres again held their individual harvest and carol services which are among the most enjoyable functions organised during the year.

CHRISTMAS PARTIES.

These parties are naturally looked forward to with the greatest anticipation by the pupils. The Centre staffs work hard to ensure that the functions are successful and the arrival of Father Christmas is as enjoyable a moment for the pupils as for those who volunteer to undertake the distribution of gifts.

GIFTS.

In my reports to the Special Health Services Sub-Committee during the year, details have been given of the gifts presented to the training centres for the benefit of the pupils.

These gifts have been many and varied and have been donated by local firms, voluntary organisations, and parents and relatives of pupils at the centres. Their generosity has been greatly appreciated by the supervisors and staffs who are encouraged by the knowledge that the work in which they are engaged continues to attract the interest of the local community.

CONVEYANCE OF PUPILS.

At the end of the year, and by arrangement with bus companies and taxi proprietors, special routes were in operation for the conveyance of pupils to and from the various Centres.

TRAINING OF ASSISTANT SUPERVISORS.

In September a conference was held with representatives of neighbouring authorities regarding the results of the course of instruction for Assistant Supervisors of training centres in South Wales and Monmouthshire. The conference expressed their satisfaction with the arrangements that had been made by Dr. C. W. Anderson (Deputy Medical Officer of Health of Cardiff), the course organiser.

Of the nine students enrolled for the 1963-64 course, five were members of the staff of Glamorgan occupation centres, and all the Glamorgan students passed the final examination.

A similar course has been arranged for the year 1964-65 and seven students from Glamorgan have been enrolled.

A residential week-end Refresher Course was held at Dyffryn House, St. Nicholas, on 31st October, 1964, and 1st November, 1964, for Supervisors and Assistant Supervisors of Training Centres.

Miss Hilda B. Brown, Organiser of Training Centres, acted as Course Warden and the lecturers were as follows:—

Mr. Gordon Davies, Senior Organiser in Physical Education, Glamorgan County Council.

Dr. F. Farrelly, Hensol Castle.

Miss Frances Dean, Organiser of Services for the Mentally Handicapped, National Association for Mental Health.

Mr. Peter M. Blake, Supervisor, National Society for Mentally Handicapped Children.

Mrs. D. Adams Jeremiah, County Music Organiser, Monmouthshire County Council.

Dr. Peter Gray, Senior Lecturer, Welsh National School of Medicine.

Miss D. M. John, Supervisor, Ystrad Mynach Occupation and Training Centre.

Dr. C. J. Revington, Deputy County Medical Officer, Glamorgan County Council.

Dr. Gwladys Evans, Senior Medical Officer, Glamorgan County Council.

Mr. T. W. J. Anstee, Senior Health Welfare Officer, Glamorgan County Council.

Mr. D. G. Sellwood, Training Officer/Psychiatric Social Worker, Glamorgan County Council.

Twenty-six Supervisors and Assistant Supervisors from this Authority attended together with ten from the Swansea County Borough Council.

MAESGLAS HOSTEL (*Warden: Mrs. A. Day*).

During the year twenty-five girls resided at Maesglas, thirteen of whom were resident for the whole year. Two of the girls could not settle down at all and remained for less than one month. On 31st December there were eighteen girls in residence and throughout the year 6,128 residential days were spent at the hostel, 5,486 by residents and 642 by the residential staff.

The main problem continues to be finding suitable employment for the girls. Seven of the girls were continually employed, five of whom in fact kept the same job throughout the year of their stay at Maesglas.

Three of the girls have been placed in residential employment, two at the Authority's hostels attached to the Training Centres at Aberkenfig and Barry.

Sympathetic employers are finding that these girls are able to do a good job given a fair trial, for it must be remembered that some of them had never been in employment prior to their admission to Maesglas. The girls who are not placed in employment received National Assistance and are trained by the Warden and the Assistant Warden in domestic and laundry duties and are encouraged to use the facilities provided at the hostel. All the girls attend evening classes in cookery and domestic arts.

Close liaison is maintained between the local offices of the Ministry of Labour and the National Assistance Board. The Warden keeps in contact with local employers who have shown a sympathetic interest in the girls and who have shown tolerance and understanding when taking these girls into their employ. I should like to record my appreciation of this continued support.

Great emphasis is placed on social contact and local residents are encouraged to visit the hostel on special occasions. During the year social evenings were held monthly. In June a sale of work was held and a profit of £70 was made.

The girls, accompanied by the staff, attended dances in the neighbourhood. A week-end was spent in London in December, when the girls did their Christmas shopping, and visited a theatre. They also spent an enjoyable evening in Cardiff at the pantomime.

The highlight of the year was undoubtedly the visit to Switzerland. Throughout the year all the girls at the hostel were encouraged to save and prepare for a holiday and in September the party flew from London Airport to spend a most enjoyable ten days.

Many of the girls have been at Maesglas for more than twelve months and it is hoped that it will be possible to place some of them with families who would like to offer them a home. There will be numerous problems and difficulties but, if the hostel is to fulfil its function, these problems will have to be overcome.

HOSTEL FOR WORKING BOYS, PONTYPRIDD.

This Hostel, to accommodate twenty-four subnormal males between the ages of 18 and 25 years, is now under erection on a site at Holly House, Pontypridd, and it is anticipated that the building will be available for occupation by September 1965. Furniture and equipment estimated to cost £6,000 has been provided for.

GENERAL PUBLIC HEALTH.

INSPECTION AND SUPERVISION OF FOOD.

The County Council is the Food and Drugs Authority for eighteen of the twenty-four County districts. The other six County districts are autonomous for food and drug purposes; they are Barry, Neath, Port Talbot, and Rhondda Borough Councils and Aberdare and Pontypridd Urban District Councils. Samples of a wide range of foods and drugs are submitted for analysis to Dr. L. E. Coles, B.PHARM, PH.D., F.P.S., F.R.I.C., the County Analyst, at the County Laboratory, by the County Sampling Officers and the sampling officers of the autonomous County districts. Dr. Coles and his staff at the County Laboratory also examined samples of foods and drugs submitted by the Merthyr Tydfil County Borough, samples of fertilisers and feeding stuffs for the County Diseases of Animals Committee and the County Borough of Merthyr Tydfil and samples of water, sewage, and trade effluents and atmospheric pollution submitted by the County districts and Merthyr Tydfil. Examinations are also made of rain water and drinking water for radioactivity and milk is examined under the Milk (Special Designation) Regulations, 1963, for the Public Health Laboratory Service.

The following information has been extracted from the annual report of the County Analyst:—

The work of the laboratory directly concerned with the Glamorgan County Council amounted to 37 per cent of the total, whilst that for the seven Food and Drug Authorities amounted to 29 per cent and the District Authorities in the County Area accounted for the remaining 34 per cent of the total work.

The total number of analyses and tests carried out during this period was 11,028 and although this is slightly less than in previous years it should be emphasised that the nature and complexity of the work is changing, particularly in the analysis of foods and drugs. The way in which new legislation and government reports have affected the work will be commented on later in the report under various headings.

The number of samples of food submitted for analysis in relation to the investigation of private purchasers' complaints has increased and undoubtedly this is due to the public being more aware of the service that is available by the local authority for the protection of the consumer.

Important new spheres of activity have been the examination of various fresh fruits and vegetables for possible traces of pesticide residues and the testing of raw milks for the presence of the antibiotic penicillin. The quality control of pharmaceutical preparations is an aspect of the work which is receiving more attention than in the past and the sampling and analysis of all types of drugs has been increased considerably.

The chemical manipulation of food is now an important problem in public health and systematic screening tests have been devised to ensure that the regulations are not contravened. Such complicated analytical control demands scientific staff of the highest calibre and adequate modern laboratory facilities.

TABLE 50.
TOTAL SAMPLES EXAMINED.

During the year a total of 11,028 analyses and tests have been carried out and are classified in the following table.

For County Council:					
Food and Drugs Act	..	..	..	..	3,709
Milks for antibiotics	..	..	..	..	102
Private purchasers' complaints	..	..	..	..	44
County supplies	..	..	..	..	9
Swimming bath waters	..	..	..	..	36
					<hr/> 3,900
For the County Districts of the County Borough of Merthyr Tydfil:					
Food and Drugs Act	..	..	..	..	1,833
Milks for antibiotics	..	..	..	..	40
Private purchasers' complaints	..	..	..	..	55
					<hr/> 1,928
Fertiliser and Feeding Stuffs Act, 1926:					
For the County Council	..	..	..	..	135
For the County Borough of Merthyr Tydfil	..	..	..	..	29
					<hr/> 164
For the Medical Research Council:					
(Public Health Laboratory Service)					
(a) Milk samples—Phosphatase and Methylene Blue Tests					
	..	..	..	..	2,426
(b) Milk samples—Turbidity Tests	..	..	..	..	111
					<hr/> 2,537
Carried forward					<hr/> 8,529

	Brought forward						8,529
Other samples (from all sources):							
Swimming bath waters	..	..	..	..	..	163	
Potable waters	..	..	..	..	..	1,318	
Effluents, etc.	..	..	..	..	..	208	
Atmospheric pollution analysis				..	..	346	
Radioactivity measurements	..		..	..	..	98	
Ice-cream (for preservative)	..		..	..	..	329	
Miscellaneous	..	..	..	..	..	37	2,499
							<hr/>
Total number examined	..	..	..	..	..		11,028

FOOD AND DRUGS LEGISLATION.

The most important statutory duty of a public analyst is in connection with the Food and Drugs Act, 1955, and in particular with those sections of the Act which relate to the adulteration of food and drugs, the contamination of food with injurious substances of a chemical nature, the labelling and advertising of food and drugs, and the enforcement of standards.

Several new legal enactments and recommendations affecting the work of the laboratory came into force during the year under review and these are noted below.

STATUTORY INSTRUMENTS.

The Meat (Treatment) Regulations, 1964.

These Regulations were made to prohibit the addition to raw and unprocessed meat of certain specified substances which have the effect of maintaining the fresh red colour of the meat and even restoring the colour of meat which had become dark in appearance. These regulations followed reports during 1963 of people showing symptoms of nicotinic acid poisoning as a result of treating raw meat with a powder containing nicotinic acid and other chemicals.

The Therapeutic Substances (Preservation of Raw Fish) Regulations, 1964.

These Regulations exempt, subject to certain conditions, chlortetracycline and oxytetracycline, which are sold or supplied for use in connection with the preservation of raw fish, from the restrictions on their sale of the Therapeutic Substances Act, 1956. Raw fish is permitted by the Preservatives in Food Regulations, 1962, to contain not more than 5 parts per million of tetracyclines.

The Soft Drinks Regulations, 1964.

These Regulations revoke the Soft Drinks Regulations, 1963, and replace with amendments the Food Standards (Soft Drinks) Order, 1953 (as amended). These revised regulations controlling the composition, description, and labelling of soft drinks will come into operation in England and Wales on 2nd June, 1965.

The Dried Milk Regulations, 1964.

These Regulations come into force on 11th March, 1965, and repeal the Public Health (Dried Milk) Regulations, 1923-48. They prescribe minimum and maximum percentages for milk fat in various descriptions of dried milk, as well as laying down a prescribed form of labelling.

The Mineral Hydrocarbons in Food Regulations, 1964.

These Regulations which came into operation in August 1964 revoke and replace the Mineral Oil in Food Order, 1949. Mineral hydrocarbons may not be used in food unless they are specifically allowed by the regulations, and where they are allowed to be used they must conform to the standards of purity which are laid down.

Following previous reports of the Food Standards Committee certain proposals for new legislation have been circulated for comment to all Public Analysts in respect of standards for canned meat, meat pies, and dried skimmed milk.

During the year two other reports of the Food Standards Committee have been published relating to the labelling of food and colouring matters in food. These are carefully considered by all interested parties before the Minister considers introducing or amending existing legislation.

PARTICULARS OF SAMPLES SUBMITTED BY COUNTY SAMPLING OFFICERS DURING 1964.

Of the total of 5,542 samples submitted for examination, ninety-nine (or 1·8 per cent) were reported upon adversely.

Of the 3,709 samples examined for the Administrative County of Glamorgan, fifty-four (or 1·5 per cent) were found to be adulterated or otherwise unsatisfactory.

MILK SAMPLES.

The total number of milk samples submitted under the Food and Drugs Act, 1955 from the County for the determination of compositional quality during the year was 1,605. Of these, 1,380 were samples of ordinary milk, and 225 were Channel Islands milk. They were taken in the usual way by the County Sampling Officers, not only at the point of sale to the consumer, but also in the course of transit and/or delivery to the dairies concerned with its bottling and at various schools. None of the samples submitted contained either colouring or preservatives.

ORDINARY MILK.

One thousand three hundred and eighty samples:—

Number deficient in fat only	10 (0·72 per cent).
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Number containing added water only	1 (0·07 per cent).
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Number deficient in fat and containing added water		Nil
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The Sale of Milk Regulations, 1939, require that where a sample of milk contains less than 3·0 per cent of milk fat, or less than 8·5 per cent of milk solids other than fat it shall be presumed, until the contrary is proved, that the milk is not genuine. Therefore, in order to prove that the milk is genuine, it is necessary on the part of the vendor to show that it is "as it comes from the cow". However, it has been the custom for many years to apply the freezing point test to any milk sample suspected of being adulterated by the addition of water, that is, when the non-fatty solids are less than 8·5 per cent. If the milk is genuine the freezing point is never nearer to zero than $-0\cdot530^{\circ}\text{C}$ and it is the most reliable test to show whether a milk is naturally of poor quality or whether it is of poor quality by reason of the addition of water.

Of the 1,380 samples of ordinary milk examined, 133 contained less than 8·5 per cent of non-fatty solids, but the Hortvet (freezing-point) test showed that only one sample contained extraneous water while the remaining 132 samples (= 9·6 per cent of all the ordinary milk samples submitted) were naturally of poor quality.

The one sample found to be adulterated contained 6 per cent of extraneous water.

Ten of the 1,380 samples of ordinary milk were deficient in fat. In all cases, however, these samples were taken from churns of raw milk, or bottled at the farm and were probably "morning" milks. The fat content was invariably satisfactory, that is, containing over 3 per cent of fat, when it had been bulked and processed at the bottling plant.

CHANNEL ISLANDS MILK.

The presumptive standards laid down in the Sale of Milk Regulations, 1939, apply to all milk, but in addition the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, require that milk for human consumption sold under the special designation "Jersey Milk", "Guernsey Milk", "South Devon Milk" or "Channel Island Milk" shall contain not less than 4·0 per cent of fat. An extra charge may be made for such milk which in addition to being rich in fat is also rich in non-fatty solids (the protein-containing fraction) which is nutritionally the most important part of the milk.

During the year 225 samples of Channel Islands Milk were examined for compositional quality. Six samples were found to contain less than 4·0 per cent of fat and one contained about 2 per cent of extraneous water.

TABLE 51.
AVERAGE COMPOSITION OF MILK SAMPLES, 1964.

Variety	No. of Samples	Fat	Solids non-fat	Total Solids
Channel Islands ..	225	% 4·52	% 8·97	% 13·49
Other milk samples	1,380	3·60	8·62	12·22
All milk samples ..	1,605	3·73	8·68	12·41

It is evident that the average composition of Channel Islands Milk is much superior to that of "ordinary milk" in respect of both fat and non-fatty solids.

The monthly variations in the composition of all the milk samples other than those of Channel Islands milk are given in the following table.

TABLE 52.

MILK SAMPLES OTHER THAN CHANNEL ISLANDS MILK MONTHLY VARIATIONS, 1964.

Month	Number	Fat %	Non-fatty solids %	Total solids %
January ..	175	3.65	8.61	12.26
February ..	128	3.60	8.52	12.12
March ..	119	3.52	8.51	12.03
	422	3.62	8.55	12.17
April	107	3.49	8.50	11.99
May	122	3.43	8.67	12.10
June	114	3.38	8.67	12.05
	343	3.43	8.61	12.04
July	90	3.49	8.61	12.10
August	35	3.49	8.65	12.14
September ..	94	3.61	8.67	12.28
	219	3.53	8.64	12.17
October ..	104	3.79	8.71	12.50
November ..	161	3.83	8.61	12.44
December ..	131	3.86	8.66	12.52
	396	3.83	8.66	12.49
Whole year ..	1,380	3.60	8.62	12.22

The monthly variations given in the above table are as expected where it is evident that the fat content is lowest in the spring and highest in the winter.

ANTIBIOTICS IN MILK.

The presence of antibiotics, particularly penicillin, in milk supplies arises from the treatment of dairy cows for mastitis. The farmers are advised to withhold from sale milk from treated animals for 48 hours or longer in order not to supply milk containing undesirable traces of penicillin.

A government report in 1963 on the subject of Antibiotics in milk recommended that Food and Drug Authorities should test milk for the presence of antibiotics and take appropriate action when it was found to be present.

Therefore, all samples of ex-farm milk submitted for analysis during 1964 have been tested for the presence of penicillin.

Of the 145 tested, four were found to contain not less than 0.05 i.u./ml. of penicillin. This represents 3 per cent of the milks sampled and indicates a much lower degree of contamination than at the time of the Government Survey in the year 1961. There is no doubt that as a result of the constant vigilance of the public health authorities in testing milk, the indiscriminate use of antibiotics has been discouraged.

FOODS OTHER THAN MILK.

Of the 2,104 samples of food other than milk examined for the County Council under the Food and Drugs Act, thirty-four were found to be adulterated or otherwise unsatisfactory.

PRIVATE PURCHASERS' COMPLAINTS.

There were 139 complaints received during 1964, of which forty-four came from within the Administrative Area of the County. Each complaint was thoroughly investigated and of the County samples thirty-three were found to be justified and in most cases legal proceedings were instituted by the local authority on behalf of the purchaser.

No fewer than eight complaints were received in respect of the presence of mould on bread or pies which had been sold long after the normal keeping time of such products.

Bottles of milk continue to be a source of complaint and have been found to contain either fragments of glass, metal objects, or cement mortar which had not been removed by the bottle washing machine.

Two rather more serious complaints concerned the presence of caustic soda solution in the milk in quantities which could have been very dangerous, especially to children. A hot caustic soda solution used in the bottle washing machine was undoubtedly the source of the contamination.

A sack of sugar supplied to one of the schools was found to contain a large amount of cat faeces; a bag of salt was contaminated with dirt; and mouse droppings were identified in desiccated coconut.

Other complaints involved sterilised cream which had been overheated during processing, milk containing extraneous water, strawberry jam containing a piece of wood, a house-fly in a pork pie, and chocolate confectionery and flaked rice infected with flour moths.

Eleven of the forty-four complaints were found not to be justified thus illustrating the necessity for the public analyst to give an independent and unbiased opinion which can sometimes protect the manufacturer from unfair criticism and prevent legal proceedings. On the other hand there is no doubt that the housewife is more hygiene-conscious than ever before and therefore more ready to complain if her food is not of the nature, substance, or quality demanded.

LEGAL PROCEEDINGS.

Legal proceedings in respect of unsatisfactory or adulterated food were undertaken in thirty-four cases, fines totalling £598 plus costs of £182 5s. 9d. being imposed on the vendor or suppliers.

FERTILISERS AND FEEDING STUFFS.

The Fertilisers and Feedings Stuffs Act, 1926, required "Statutory Statements" of composition to be given with these articles, and Regulations made under the Act prescribe the limits of variation allowed between these standards and the actual composition of the article.

During the year 1964, 164 samples of Fertilisers and Feedings Stuffs were submitted for examination by the Glamorgan County Council and County Borough of Merthyr Tydfil under the above Act.

Of the 164 samples examined, 153 complied with the requirements of the Fertiliser and Feeding Stuffs Act, 1926. Nine were outside the limits of variation in one or two constituents, but these differences were not considered to be to the prejudice of the purchaser. Four were reported upon as unsatisfactory in composition, being to the prejudice of the purchaser.

COUNTY SUPPLIES DEPARTMENT.

During the year under review nine samples were examined for the County Supplies Department. Of these, six were sausages and one a large tin of corned beef, all of which were found to be of satisfactory quality.

Two 28 lb. tins of spray-dried skimmed milk were reported as unsatisfactory because they contained considerable quantities of brown particles of charred milk as a result of overheating during the drying process.

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

On behalf of the Public Health Laboratory Service and under the Milk (Special Designation) Regulations, 1963, 2,537 samples of heat-treated milk were submitted for examination for the phosphatase test, the half-hour methylene-blue test or for the turbidity test.

The phosphatase test indicates whether or not the milk has been properly pasteurised, while the methylene-blue test measures the "keeping-quality" of the milk. The turbidity test is designed to show whether sterilised milk has been sufficiently heat-treated.

Of the total milks examined (2,537) all except four were efficiently pasteurised and only four failed the "keeping-quality" test. In each case the pasteurisation plant was inspected and the dairyman concerned was interviewed by the County Sampling Officer.

All the sterilised milks examined passed the turbidity test.

ICE-CREAM.

All the samples of ice-cream were free from preservatives. This test is carried out simultaneously with the bacteriological examination of the Public Health Laboratory Service.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963.

No egg pasteurisation plant has been established in the administrative county.

MILK SUPPLIES, *BRUCELLA ABORTUS*.

One hundred and two samples of raw milks were taken for testing for keeping quality and for biological examination for tuberculosis and *Brucella abortus*. All these samples were of bottled milk taken from producer-retailers and all were found to be satisfactory in all respects.

HOUSING.

The 1961 census showed that there were 223,197 dwellings in the administrative county compared with 189,048 in 1951.

The percentage number of houses standing in 1961 in the administrative county built before 1914 was 67·6 per cent (150,790 houses).

In the mining valleys, a very high proportion of the houses were built before 1914. This is because during the Great Economic Depression of the Twenties and Thirties the local authorities were unable to afford to build council houses to replace older houses and in any case they suffered marked depopulation during this period. In spite of vigorous building programmes since the end of the second World War the percentage of houses built before 1914 in the undermentioned districts was as follows during 1961:—

Rhondda	..	..	93 per cent.
Mountain Ash	..	..	87 per cent.
Aberdare	..	..	80 per cent.
Glyncorrwg	..	..	80 per cent.
Ogmore and Garw	..	..	81 per cent.
Pontypridd	..	..	77 per cent.

Authorities with a high percentage of old houses are likely to face heavy financial burdens in the future in replacing obsolete houses. Where an authority has a large number of council houses built between the wars, as was the case with many English authorities, it can raise the rents of the old houses to reduce the financial burden of the new houses. Where the number of old council houses is relatively few, the cost of new houses is to a large extent subsidised from the rates, and the rates are derived from old houses with low rateable values.

The County Planning Officer in his Planning Study of the geographical county shows the percentage of private dwellings improved with grant-aid. There are five standard amenities for grant which are provided by the district councils at their discretion, viz. (a) a fixed bath or shower in bathroom, (b) a wash-hand basin, (c) hot water supply in a bathroom and at wash-hand basin and sink, (d) a water closet and (e) a suitable larder.

The dwellings improved with grant-in-aid, as percentage of pre-1914 dwellings in the following authorities during 1949–63 were as follows:—

Gower Rural District	..	..	23 per cent.
Cowbridge Borough	..	..	12 per cent.
Rhondda	..	..	8 $\frac{3}{4}$ per cent.
Port Talbot	..	..	9 $\frac{1}{2}$ per cent.
Bridgend	..	..	8 per cent.
Maesteg	..	..	8 per cent.
Pontypridd	..	..	9 per cent.
Penarth	..	..	8 per cent.
Neath Rural District	..	..	11 $\frac{1}{2}$ per cent.
Penybont Rural District	..	..	10 $\frac{3}{4}$ per cent.
Pontardawe	..	..	11 $\frac{1}{2}$ per cent.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1964. For purposes of comparison the totals for 1963 have been inserted to show the increase in house building.

TABLE 53.

District	By LOCAL AUTHORITY		By PRIVATE ENTERPRISE, BUILDING SOCIETIES, ETC.
	Number of permanent and temporary houses		Number of houses completed and occupied during the year 1964
	Completed and occupied during the year 1964	Total completed and occupied since 1918	
	(1)	(2)	(3)
Aberdare Urban	147	2,328	167
Barry Borough	20	3,122	129
Bridgend Urban	88	1,729	5
Caerphilly Urban	30	2,662	239
Cowbridge Borough	—	62	1
Gelligaer Urban	129	1,966	26
Glyncorwg Urban	76	1,101	2
Llwchwr Urban	112	1,888	114
Maesteg Urban	46	888	62
Mountain Ash Urban	4	1,127	14
Neath Borough	60	2,738	46
Ogmore and Garw Urban	38	1,124	1
Penarth Urban	116	1,450	145
Pontypridd Urban	232	2,373	65
Porthcawl Urban	—	367	174
Port Talbot Borough	180	5,623	93
Rhondda Borough	470	2,981	17
Cardiff Rural	8	2,338	493
Cowbridge Rural	24	1,627	148
Gower Rural	8	439	288
Llantrisant and Llantwit			
Fardre Rural	205	2,893	245
Neath Rural	111	3,328	47
Penybont Rural	243	4,326	520
Pontardawe Rural	94	2,584	34
Totals 1964	2,441	51,064	3,075
Totals 1963	1,372	50,498	2,482

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-61.

The undermentioned schemes have received the support of the Authority as being necessary public health measures, and under these acts financial assistance has been given to the local sanitary authorities as follows :—

Cardiff Rural District Council.

St. Andrews sewerage and sewerage disposal scheme	Grant of £11,396 (£1400 to be paid half-yearly for 30 years).
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Gower Rural District Council.

Crofty and Llanmorlais sewerage and sewerage disposal scheme	Grant of £50,020 (£6444 to be paid half-yearly for 30 years).
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Llwydwr Urban District Council.

Cae Bassett, Gowerton sewerage and sewerage disposal scheme	Grant of £1,810.
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Neath Rural District Council.

Tyllwyd and Primrose Bank sewerage and sewerage disposal scheme	Grant of £13,486 (£1666 to be paid half-yearly for 30 years).
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Penybont Rural District Council.

Wick sewerage and sewerage disposal scheme	Grant of £23,187 (£2855 to be paid half-yearly for 30 years).
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Pontardawe Rural District Council.

Sewer extension, Alltygrug Farm Road, Ystalyfera	Grant of £266.
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OTHER SERVICES.

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the County Council's service are required to complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire. All new entrants to the Authority's teaching service are required to undergo chest X-ray examinations, and the appropriate arrangements are made with the local chest clinics and mass radiography units.

During the year 2,280 new entrants to the County service completed the medical questionnaire. Of these, 284 were referred for medical examination and 1,337 for chest X-ray examination. These figures include 457 new entrants to the County Teaching Service: of these, thirty-one were referred for medical examination and 411 for chest X-ray examination.

Under the Ministry of Education regulations all new entrants to the teaching profession must be medically examined. Forty-four such examinations were carried out, including three on behalf of other Authorities. In addition, 552 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four hundred and sixty-five miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.) were carried out.

The examination of boarded-out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. On this and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments. Meetings of officers called by the Children's Officer as co-ordinating officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both departments.

TABLE 54.

MEDICAL INSPECTION OF CHILDREN IN CARE OF COUNTY COUNCIL.

	Initial examination	Re-examination	Referred for treatment
Boarded-out children	79	279	45
Children in Children's Home	73	278	44
Children in Family Homes . .	45	170	39

The services of my department are also given in the special medical examination of boys and girls at remand homes and the Glamorgan Farm School, and the nurseries established at "Cartrefle", Bridgend, and Maesyrcoed, Pontypridd.

BLIND PERSONS.

The work of examining all applicants for inclusion in the registers of blind and partially-sighted persons maintained by the County Director of Welfare Services has continued. During the year 1,013 examinations were carried out, 612 being first examinations.

In the western part of the County, examinations are carried out by the consultants at their private consulting rooms, at the local hospital, or, where the patient is unable to travel, the consultant is requested to make a domiciliary visit and, in addition to the examination fee, a mileage allowance is paid. Dr. Gwladys Evans, the Senior Medical Officer, continued to carry out the examinations and re-examinations in the eastern part of the County. Where, however, a patient has been seen by a consultant and the patient is not already on the register of blind or partially-sighted persons, the consultant completes the Form B.D.8 and the appropriate fee is paid.

Some indication of the prevalence of the various causes of disability is given in the following table.

TABLE 55.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

	Cause of disability			Total
	Cataract	Glaucoma	Others	
(1) Number of examinations during 1963	—	—	—	1,013
(2) Number of persons registered as blind or partially sighted during 1963 ..	187	52	273	512
(3) Number of persons at (2) recommended for:				
(a) No treatment	55	13	171	239
(b) Treatment (medical, surgical, or optical)	132	39	102	273
(4) Number of person at (3) (b) who, on follow-up action, have received treatment	26	11	36	73

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,139 persons on the blind register and 782 on the partially-sighted register (including Rhondda).

Arrangements for the home teaching, visitation, and social welfare of these persons are made by the Welfare Services Department.

NURSING HOMES ACT, 1963.

The Conduct of Nursing Homes Regulations, 1963, made under this Act in August 1963, requires the managers of nursing homes to provide accommodation, care, and staffing of a satisfactory nature and gives the registration authority power to limit the number of patients who may be received into the home. During the year one nursing home formerly exempted from registration was registered and in another home an increase in numbers was permitted.

The following is a list of nursing homes registered by the Authority as at 31st December, 1964:—

<i>Name of Nursing Home.</i>	<i>Accommodation provided.</i>
Plymouth Nursing Home, 122 Plymouth Road, Penarth	Thirty medical beds.
Marie Curie Memorial Foundation, Holme Towers, Penarth	do.
Church Home, Stanwell Road, Penarth	Eleven medical beds.
Trebanos Nursing Home, Graig Road, Trebanos, Pontardawe	Ten medical beds.
Glen Barlands Nursing Home, Bishopston, Swansea	Twelve medical beds.

CIVIL DEFENCE (TRAINING IN NURSING) REGULATIONS, 1963.

The regulations confer on the County Council the function of training persons in home nursing and first aid in order that in the event of a nuclear attack the home nursing services may be reinforced and also to enable families to care for themselves and their neighbours until such time as help could be provided from the organised service.

The persons trained will not be recruited for Civil Defence or any other purpose and will not incur obligations of any kind.

During the year nine courses were held, eight being provided directly by the Authority and one by arrangement with voluntary aid societies. Seventy-seven persons completed a course of training.

STATISTICAL REVIEW, 1964

POPULATION.

Estimates of the Registrar-General give the population of the Administrative County as 755,480 in 1964, an increase of 3,230 on the 1963 estimate of 752,250.

The natural increase in population (the excess of births over deaths in 1964) was 4,384.

TABLE 56.

POPULATION OF THE ADMINISTRATIVE COUNTY SINCE 1891.

1891	..	..	467,954	1951	..	..	736,437
1901	..	..	601,087	1961	..	..	746,785
1911	..	..	742,998	1962*	..	..	748,700
1921	..	..	814,717	1963*	..	..	752,250
1931	..	..	769,700	1964*	..	..	755,480
1941*	..	..	740,310				

*Population estimated by Registrar-General

CENSUS 1961.

Table 57 sets out in five-year groups the age/sex distribution of the population of the Administrative County at the time of the 1961 census compared with the 1951 census.

TABLE 57.

Age last birthday			1961			1951		
			Total	Male	Female	Total	Male	Female
0-4	..	..	58,883	30,008	28,875	63,264	32,322	30,942
5-9	..	..	55,658	28,435	27,223	55,558	28,470	27,088
10-14	..	..	62,454	31,971	30,483	52,082	26,467	25,615
15-19	..	..	54,046	28,042	26,004	48,672	23,968	24,704
20-24	..	..	44,249	22,105	22,144	49,163	24,286	24,877
25-29	..	..	44,233	22,252	21,981	57,445	28,807	28,638
30-34	..	..	47,576	23,910	23,666	52,740	26,007	26,733
35-39	..	..	55,606	27,878	27,728	54,424	27,246	27,178
40-44	..	..	51,284	25,244	26,040	54,295	27,145	27,150
45-49	..	..	52,052	25,832	26,220	52,552	26,137	26,415
50-54	..	..	50,960	25,208	25,752	47,716	23,260	24,456
55-59	..	..	47,599	23,111	24,488	41,591	19,835	21,756
60-64	..	..	40,400	18,742	21,658	34,953	16,647	18,306
65-69	..	..	32,064	13,980	18,084	28,645	13,572	15,073
70-74	..	..	23,339	9,660	13,679	21,652	10,266	11,386
75-79	..	..	14,917	5,923	8,994	13,708	6,381	7,327
80-84	..	..	7,952	3,108	4,844	6,039	2,668	3,371
85-89	..	..	2,848	1,034	1,814	1,906	773	1,133
90-94	..	..	586	169	417	367	121	246
95 and over	..	..	79	27	52	47	7	40

The 1961 census showed that there were 81,785 persons aged 65 and over compared with 72,364 such persons in 1951. This represented 11·0 per cent of the population in 1961 compared with 9·8 per cent in 1951.

Of the people of advanced age, i.e. 75 years of age and over in 1961, there were 26,382 compared with 22,067 in 1951. This represented 3·5 per cent of the population in 1961 compared with 2·9 per cent in 1951.

It is the advanced age group which makes most demands on the domiciliary services.

TABLE 58.

Areas where there were marked population changes are given below.

DECREASE.

	1951	1961	Approximate percentage decrease
Aberdare Urban District	40,932	39,155	5
Gelligaer Urban District	36,169	34,656	4
Maesteg Urban District	23,141	21,625	6
Mountain Ash Urban District ..	31,521	29,575	6
Neath Municipal Borough	32,284	30,935	4
Ogmore and Garw Urban District	22,631	20,985	6½
Pontypridd Urban District	38,633	35,494	8
Rhondda Municipal Borough	111,389	100,287	10
Pontardawe Rural District	32,581	30,687	6

INCREASE.

	1951	1961	Approximate percentage increase
Barry Municipal Borough	40,990	42,084	2½
Bridgend Urban District	13,643	15,174	11
Penarth Urban District	18,544	20,896	10
Porthcawl Urban District	9,521	11,086	16
Port Talbot Municipal Borough ..	44,115	51,322	16
Cardiff Rural District	36,416	49,884	32
Llantrisant and Llantwit Fardre Rural District	25,571	27,109	6
Penybont Rural District	35,087	42,104	20

During the decade between the 1951 and 1961 census, the natural increase in population (excess of births over deaths) was 36,338, but the actual increase was only 11,053 so that there was a loss of 25,285 people due to migration.

TABLE 59.
BIRTH RATE.

	1901	1931	1961	1962	1963	1964
Administrative County	36·8*	16·8*	16·7	16·9	18·0	18·2
England and Wales ..	28·5	15·8	17·4	18·0	18·2	18·4

*The statistics show the "crude rates" for the years 1901 and 1931. Later statistics show "adjusted rates". The statistics show that there is a trend again towards larger families. The average size of the family is going up from about two and a quarter to two and a half children. The age of women at marriage is falling at a gradually declining rate and younger brides tend to have larger families.

TABLE 60.
ILLEGITIMATE BIRTH RATES PER 1,000 BIRTHS.

	1921	1931	1941	1951	1961	1962	1963	1964
Administrative County ..	3·4	3·7	3·5	3·2	3·2	3·8	3·9	4·6
England and Wales	4·7	4·4	5·4	4·8	6·0	6·6	6·9	7·2

TABLE 61.
DEATH RATES.

	1901	1931	1961	1962	1963	1964
Administrative County	17·4*	12·1*	14·4	14·4	14·6	13·8
England and Wales ..	16·3	12·3	12·0	11·9	12·2	11·3

*This denotes the "crude rate". Later statistics show adjusted rates.

TABLE 62.
INFANT MORTALITY.

Year	Deaths under one year per 1,000 live births		Year	Deaths under one year per 1,000 live births	
	Glamorgan	England and Wales		Glamorgan	England and Wales
1955	33·6	24·9	1960	29·5	21·8
1956	30·3	23·8	1961	22·9	21·4
1957	31·5	23·1	1962	24·6	21·7
1958	28·8	22·5	1963	27·5	21·1
1959	21·8	22·2	1964	26·7	20·0

The highest infant mortality rate recorded in 1964 was in the Maesteg Urban District, viz. 43.2 and the lowest rate was recorded in the Gower Rural District, 14.0.

TABLE 63.
PRINCIPAL CAUSES OF DEATH.

	1964		1954		1944	
	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths	No. of deaths	Percentage of total deaths
Heart diseases (all forms)	3,016	33.2	2,746	30.4	2,143	24.8
Cancer	1,562	17.2	1,418	15.7	1,104	12.8
Vascular lesions of nervous system	1,183	13.0	1,311	14.5	917	10.6
Bronchitis	604	6.7	529	5.9	601	7.0
Pneumonia	448	4.9	263	2.9	306	3.5
Other circulatory diseases	354	3.9	390	4.3	169	2.0
Violence (accidents, suicide, homicide) ..	358	3.9	363	4.0	341	4.0

The principal causes of death fall into three main groups, heart diseases, cancer, and vascular lesions of nervous system. Other principal causes of death are also given.

TABLE 64.
DEATHS ACCORDING TO AGE GROUPS AT CERTAIN YEARS SINCE 1901.

	Total deaths	Under 1	1-4	5-14	15-44	45-64	65-74	75 plus
1901 ..	10,720	3,575	1,568	531	3,486		1,558	
1931 ..	9,275	996	514	315	1,613	2,558	1,820	1,459
1961 ..	9,230	290	45	49	440	2,255	2,619	3,532
1962 ..	9,183	317	42	36	412	2,343	2,657	3,376
1963 ..	9,519	364	43	34	428	2,295	2,679	3,676
1964 ..	9,084	359	36	29	416	2,286	2,603	3,355

TABLE 65.

MATERNAL MORTALITY.

	Glamorgan		England and Wales
	Deaths	Death rate per 1,000 total births	Death rate per 1,000 total births
1955	11	0.96	0.65
1956	8	0.67	0.56
1957	9	0.73	0.47
1958	10	0.79	0.44
1959	4	0.32	0.38
1960	12	0.94	0.39
1961	5	0.39	0.34
1962	3	0.23	0.36
1963	8	0.59	0.28
1964	5	0.37	0.26

Five mothers died in 1964 because of maternal causes. Every endeavour being made to discover ways and means by which the already high level of safety in child-birth can be further enhanced. The causes of the five maternal deaths were:

(a) Severe ante partum haemorrhage due to placenta praevia.

(b) Pulmonary embolism.

(c) Acute pulmonary oedema due to rheumatic heart disease with mitral stenosis. Pregnancy, hypertension, and ureamia due to polycystic disease of kidney.

(d) Ruptured uterus.

(e) Coronary thrombosis. Puerperal phlebitis.

TABLE 66.

DEATHS DUE TO MALIGNANT NEOPLASMS.

Site	Year									
	1960		1961		1962		1963		1964	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stomach ..	183	128	165	110	175	118	133	123	171	93
Breast ..	—	138	—	91	2	131	—	126	—	131
Uterus ..	—	69	—	57	—	64	—	78	—	77
Lung ..	246	33	243	27	270	25	244	26	289	28
Other ..	406	323	407	362	409	313	407	297	402	371
Total cancer deaths ..	835	691	815	647	856	651	784	650	862	700

TABLE 67.

DEATHS ATTRIBUTABLE TO CANCER, 1955-64.

Year	Deaths in Glamorgan			Crude death rate per 100,000 population	
	Male	Female	Total	Glamorgan	England and Wales
1955	785	672	1,457	198	206
1956	741	637	1,378	187	208
1957	768	651	1,419	192	209
1958	774	651	1,425	192	207
1959	783	619	1,402	188	214
1960	835	691	1,526	204	216
1961	815	647	1,462	197	216
1962	856	651	1,507	201	222
1963	784	650	1,434	191	218
1964	862	700	1,562	207	220

TABLE 68.

LUNG CANCER.—DEATH RATE PER 100,000 POPULATION.

	Glamorgan		England and Wales	
	Males	Females	Males	Females
1960	67	9	85	13
1961	66	7	87	14
1962	74	7	90	15
1963	67	7	91	15
1964	79	7	93	16

TABLE 69.

BRONCHITIS.—DEATH RATE PER 100,000 POPULATION.

	Glamorgan		England and Wales	
	Males	Females	Males	Females
1960	178	21	86	31
1961	152	33	99	38
1962	144	33	103	41
1963	138	43	109	43
1964	134	30	90	32

INFECTIOUS DISEASES.

On the whole, there were fewer notifications of infectious diseases during the year 1964 compared with the previous year. There were 115 notifications of dysentery compared with 572 in 1963 and thirty-two notifications of food poisoning compared with 275 in the previous year. There were, however, 454 notifications of whooping cough, the highest number since 1960 and notifications of scarlet fever were the highest since 1961.

TABLE 70.

INFECTIOUS DISEASES NOTIFIED, 1960-64.

Disease	1960	1961	1962	1963	1964
Scarlet Fever	286	304	175	172	216
Whooping Cough	615	387	28	200	454
Measles	1,520	13,052	1,726	7,253	4,023
Dysentery	429	207	269	572	115
Acute Pneumonia	209	286	202	158	227
Enteric or Typhoid Fever ..	1	—	2	2	2
Paratyphoid	2	2	6	12	3
Food Poisoning	126	124	71	275	32
Pulmonary T.B.	415	356	318	279	282
Non-Pulmonary T.B. ..	60	49	41	31	35
Poliomyelitis, Paralytic ..	5	15	2	1	1

CRUDE" AND "ADJUSTED" RATES.

The tables of vital statistics on pages 112 and 113 show "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age and, to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

TABLE 71.
CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1964

	SCARLET FEVER	WHOOPI- NG COUGH	ACUTE POLIOMYELITIS		MEASLES	DIPHTHERIA (INCLUDES MEM. CROUP)	DYSENTERY	MENINGO- COCCAL INFECTION	ACUTE PNEUMONIA	SMALLPOX	ACUTE ENCEPHALITIS		ENTERIC OR TYPHOID FEVER	PARA- TYPHOID FEVER	ERYSIPELAS	FOOD POISONING	TUBERCULOSIS		PUERPERAL PYREXIA	OPHTHALMIA NEONATORUM	ANTHRAX
			Para- lytic	Non- para- lytic							Infective	Post infectious					Pul- monary	Non- pul- monary			
ADMINISTRATIVE COUNTY	216	454	1	-	4,023	-	115	8	227	-	-	-	2	3	16	32	282	35	51	1	-
Aberdare Urban ..	10	4	1	-	167	-	6	-	20	-	-	-	-	-	1	-	18	2	6	-	-
Mountain Ash Urban ..	24	10	-	-	99	-	4	2	5	-	-	-	-	-	2	-	14	1	13	-	-
Caerphilly Urban ..	1	10	-	-	73	-	-	1	2	-	-	-	-	-	-	-	12	3	-	-	-
Gelligaer Urban ..	6	14	-	-	116	-	1	1	5	-	-	-	-	-	-	5	13	-	-	-	-
Bridgend Urban ..	2	16	-	-	202	-	3	-	-	-	-	-	-	-	-	-	6	-	2	-	-
Maesteg Urban ..	25	14	-	-	32	-	4	-	-	-	-	-	-	-	-	-	12	3	1	-	-
Ogmore and Garw Urban ..	31	109	-	-	191	-	9	1	20	-	-	-	-	-	-	-	13	3	2	1	-
Porthcawl Urban ..	-	1	-	-	1	-	-	-	-	-	-	-	-	-	3	5	13	-	2	-	-
Penybont Rural ..	10	19	-	-	309	-	2	1	2	-	-	-	-	-	1	-	5	-	2	-	-
															2	-	18	5	2	-	-
Neath Borough ..	2	5	-	-	47	-	-	-	5	-	-	-	-	-	-	-	15	3	-	-	-
Neath Rural ..	3	3	-	-	17	-	-	-	-	-	-	-	-	-	-	-	14	1	-	-	-
Llantrisant and Llantwit Fardre Rural ..	9	81	-	-	143	-	55	1	7	-	-	-	-	-	-	-	8	-	2	-	-
Pontypridd Urban ..	14	14	-	-	345	-	-	-	2	-	-	-	-	1	1	2	10	-	2	-	-
Glyncorrwg Urban ..	2	4	-	-	10	-	5	1	14	-	-	-	-	-	-	-	2	1	-	-	-
Port Talbot Borough ..	6	7	-	-	132	-	-	-	2	-	-	-	-	-	-	-	20	3	-	-	-
Barry Borough ..	1	12	-	-	783	-	-	-	30	-	-	-	-	-	-	-	20	2	-	-	-
Cardiff Rural ..	8	31	-	-	241	-	7	-	14	-	-	-	1	-	-	2	10	2	-	-	-
Cowbridge Borough ..	-	-	-	-	3	-	-	-	-	-	-	-	-	-	1	4	3	-	-	-	-
Cowbridge Rural ..	-	-	-	-	67	-	-	-	3	-	-	-	-	-	-	-	6	1	-	-	-
Penarth Urban ..	3	2	-	-	150	-	2	-	2	-	-	-	1	-	1	2	12	1	-	-	-
Gower Rural ..	-	3	-	-	109	-	-	-	1	-	-	-	-	-	-	-	2	-	8	-	-
Llchwyr Urban ..	-	2	-	-	97	-	-	-	-	-	-	-	-	1	-	2	3	1	8	-	-
Pontardawe Rural ..	1	1	-	-	159	-	-	-	1	-	-	-	-	-	-	-	5	2	-	-	-
Rhondda Borough ..	58	92	-	-	530	-	17	1	94	-	-	-	-	-	2	3	41	1	3	-	-

TABLE 72
VITAL STATISTICS, 1964

	POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Percentage of Illegitimate Births	Stillbirths	Stillbirth rate per 1,000 Live and Stillbirths	Total Live and Stillbirths	INFANT MORTALITY				NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death Rate
	Census, 1961	Estimated, 1964	Males	Females	Total	Crude	Adjusted			Stillbirth Rate		Deaths under One Year	Rate per 1,000 Live Births	Legitimate Rate	Illegitimate Rate	Deaths under Four Weeks	Rate per 1,000 Live Births	Deaths under One Week	Rate per 1,000 Live Births	Stillbirths and Deaths under One Week	Rate per 1,000 Live and Stillbirths		
ENGLAND AND WALES ..	—	47,401,300	450,171	424,007	874,178	18.4	—	7.25	14,545	16.37	888,723	17,445	20.00	—	—	12,106	13.80	10,537	12.05	25,082	28.20	227	0.26
ADMINISTRATIVE COUNTY	746,785	755,480	6,882	6,586	13,468	17.83	18.19	4.63	248	18.08	13,716	359	26.66	26.00	40.13	253	18.79	210	15.59	458	33.39	4	0.29
Aberdare Urban ..	39,155	38,910	300	315	615	15.81	17.23	5.37	9	14.42	624	17	27.64	27.49	30.30	10	16.26	10	16.26	19	30.45	1	1.60
Mountain Ash Urban ..	29,575	29,510	280	254	534	18.10	18.10	3.56	13	23.77	547	9	16.85	13.59	105.26	7	13.11	5	9.36	18	32.91	—	—
Caerphilly Urban ..	35,997	36,890	396	386	782	21.20	20.78	4.73	20	24.94	802	20	25.58	26.85	—	14	17.90	10	12.79	30	37.41	—	—
Gelligaer Urban ..	34,656	35,000	351	325	676	19.31	19.31	6.21	10	14.58	686	23	34.02	29.97	95.24	17	25.15	17	25.15	27	39.36	—	—
Bridgend Urban ..	15,174	15,180	141	140	281	18.51	19.07	5.34	4	14.04	285	5	17.79	18.80	—	2	7.12	1	3.56	5	17.54	—	—
Maesteg Urban ..	21,625	21,590	188	182	370	17.14	17.83	4.05	9	23.75	379	16	43.24	45.07	—	13	35.14	12	32.43	21	55.41	—	—
Ogmore and Garw Urban ..	20,985	20,890	169	178	347	16.61	17.11	5.19	4	11.40	351	13	37.46	39.51	—	9	25.94	9	25.94	13	37.04	—	—
Porthcawl Urban ..	11,086	11,880	133	107	240	20.20	23.23	7.08	4	16.39	244	5	20.83	17.94	58.82	3	12.50	3	12.50	7	28.69	—	—
Penybont Rural ..	42,104	44,280	469	486	955	21.57	20.71	3.87	15	15.46	970	18	18.85	19.61	—	15	15.71	13	13.61	28	28.87	1	1.03
Neath Borough ..	30,935	30,520	267	240	507	16.61	17.27	4.54	9	17.44	516	17	33.53	30.99	86.96	13	25.64	10	19.72	19	36.82	—	—
Neath Rural ..	40,870	40,830	348	303	651	15.94	16.58	3.07	15	22.52	666	15	23.04	23.77	—	10	15.36	9	13.82	24	36.04	—	—
Llantrisant and Llantwit Fardre Rural ..	27,109	27,580	253	300	553	20.05	19.05	3.25	11	19.50	564	15	27.12	24.30	111.11	9	16.27	8	14.47	19	33.69	—	—
Pontypridd Urban ..	35,494	35,160	293	291	584	16.61	16.94	5.48	9	15.18	593	23	39.38	36.23	93.75	17	29.11	13	22.26	22	37.10	—	—
Glyncorrwg Urban ..	9,368	9,470	105	110	215	22.70	22.02	5.12	9	40.18	224	8	37.21	39.22	—	6	27.91	6	27.91	15	66.96	1	4.46
Port Talbot Borough ..	51,322	51,750	526	461	987	19.07	18.88	4.15	16	15.95	1,003	25	25.33	26.43	—	21	21.28	15	15.20	31	30.91	—	—
Barry Borough ..	42,084	42,460	404	396	800	18.84	19.41	7.88	14	17.20	814	19	23.75	24.42	15.87	15	18.75	13	16.25	27	33.17	—	—
Cardiff Borough ..	49,884	52,430	458	436	894	17.05	16.54	3.80	10	11.06	904	22	24.61	20.93	117.65	14	15.66	11	12.30	21	23.23	—	—
Cowbridge Borough ..	1,067	1,140	6	6	12	10.53	10.64	—	1	76.92	13	—	—	—	—	—	—	—	—	1	76.92	—	—
Cowbridge Rural ..	18,756	20,430	204	166	370	18.11	19.38	4.32	9	23.75	379	8	21.62	22.60	—	5	13.51	4	10.81	13	34.30	—	—
Penarth Urban ..	20,896	21,350	194	178	372	17.42	18.81	5.38	2	5.35	374	8	21.51	19.89	50.00	5	13.44	4	10.75	6	16.04	—	—
Gower Rural ..	12,656	13,440	113	102	215	16.00	17.44	3.72	3	13.76	218	3	13.95	14.49	—	1	4.65	1	4.65	4	18.35	—	—
Llwlchwyr Urban ..	25,013	25,260	202	204	406	16.07	17.19	4.93	10	24.04	416	10	24.63	23.32	50.00	8	19.70	7	17.24	17	40.87	—	—
Pontardawe Rural ..	30,687	30,400	250	235	485	15.95	18.02	4.33	8	16.23	493	11	22.68	23.71	—	7	14.43	6	12.37	14	28.40	—	—
Rhondda Borough ..	100,287	99,130	832	785	1,617	16.31	16.80	3.90	34	20.59	1,651	49	30.30	29.60	47.62	32	19.79	23	14.22	57	34.52	1	0.61

TABLE 73
VITAL STATISTICS, 1964

	DEATHS			DEATH RATE		DEATH RATES (DISEASES)								
	Males	Females	Total	Crude	Adjusted	Tuberculosis, Respiratory	Tuberculosis, Other	Whooping Cough	Measles	Cancer	Circulatory Diseases	Influenza	Other Diseases of Respiratory System	Motor Vehicle Accidents
ENGLAND AND WALES ..	-	-	534,556	11.30	-	-	-	-	-	-	-	-	-	-
ADMINISTRATIVE COUNTY	5,008	4,076	9,084	12.02	13.82	0.08	0.01	-	-	2.07	6.03	0.05	0.34	0.13
Aberdare Urban ..	324	245	569	14.62	15.20	0.08	0.03	-	-	2.39	8.58	0.13	0.31	0.13
Mountain Ash Urban ..	205	138	343	11.62	14.06	0.17	0.03	-	-	2.44	5.08	0.07	0.78	-
Caerphilly Urban ..	204	198	402	10.10	13.13	0.08	-	-	-	2.14	5.04	-	0.22	0.05
Gelligaer Urban ..	210	188	398	11.37	14.78	0.03	-	-	-	2.03	4.60	0.11	0.49	0.14
Bridgend Urban ..	78	86	164	10.80	11.88	0.07	-	-	-	1.38	5.73	0.26	0.13	0.13
Maesteg Urban ..	126	89	215	9.95	12.34	0.23	-	-	-	1.53	4.96	-	0.32	0.05
Ogmore and Garw Urban	147	111	258	12.35	15.31	0.10	-	-	-	1.53	6.46	0.05	0.48	0.05
Porthcawl Urban ..	74	79	153	12.88	10.82	-	-	-	-	2.27	6.90	-	-	-
Penybont Rural ..	279	227	506	11.43	11.54	0.05	0.02	-	-	1.78	5.35	0.05	0.23	0.23
Neath Borough ..	239	200	439	14.38	15.39	0.07	-	-	-	2.92	7.47	-	0.20	0.07
Neath Rural	286	203	489	11.98	14.74	0.07	0.05	-	-	1.64	6.64	0.02	0.29	0.07
Llantrisant and Llantwit Fardre Rural ..	154	141	295	10.70	13.91	0.07	0.04	-	-	1.74	5.51	0.04	0.36	0.11
Pontypridd Urban ..	303	214	517	14.70	14.85	0.11	-	-	-	1.85	7.94	0.03	0.60	0.14
Glyncorrwg Urban ..	48	36	84	8.87	13.48	0.11	-	-	-	1.69	3.59	-	0.21	0.21
Port Talbot Borough ..	295	228	523	10.11	13.95	0.04	-	-	-	1.89	5.14	-	0.15	0.21
Barry Borough	249	208	457	10.76	12.05	-	-	-	-	2.59	4.78	-	0.09	0.16
Cardiff Rural	332	265	597	11.39	10.71	0.04	-	-	-	2.29	5.19	0.08	0.10	0.21
Cowbridge Borough ..	4	7	11	9.65	10.04	-	-	-	-	1.75	5.26	-	-	-
Cowbridge Rural	92	75	167	8.17	13.48	-	-	-	-	1.76	3.67	0.05	0.05	0.15
Penarth Urban	130	141	271	12.69	12.06	0.14	-	-	-	2.48	6.60	0.09	0.05	0.19
Gower Rural	68	78	146	10.86	10.86	-	-	-	-	1.41	6.18	0.07	0.37	0.07
Llchwyr Urban	160	141	301	11.92	13.11	0.08	-	-	-	2.57	5.78	-	0.12	0.28
Pontardawe Rural ..	251	183	434	14.28	15.14	-	-	-	-	2.14	7.83	0.07	0.69	0.03
Rhondda Borough ..	750	595	1,345	13.57	15.61	0.14	-	-	-	2.04	6.86	0.08	0.69	0.11

TABLE 74
VITAL STATISTICS, 1964

	CAUSES OF DEATH AT ALL AGES																																		
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Meningococcal Infections	Acute Polio-myelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malign't and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Diabetes	Vasc. Lesions of Nervous System	Coronary Disease, Angina	Hypertension with Heart Disease	Other Heart Diseases	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, and Enteritis, and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital Malformations	Other Defined and Ill-defined Diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and Operations of War	
ENGLAND AND WALES ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ADMINISTRATIVE COUNTY	57	6	9	1	-	-	13	264	317	131	77	724	49	72	1,183	1,937	187	892	354	39	448	604	256	49	39	55	44	4	97	817	97	197	54	10	92
Aberdare Urban ..	3	1	-	-	-	-	-	17	17	5	2	49	3	5	93	99	19	103	20	5	18	27	12	4	1	5	-	1	3	36	5	12	4	-	-
Mountain Ash Urban ..	5	1	1	-	-	-	-	10	14	3	8	35	2	3	43	68	11	20	8	2	15	27	23	2	-	3	-	-	4	28	-	3	1	-	-
Caerphilly Urban ..	3	-	1	-	1	-	-	13	16	6	4	39	1	2	51	72	9	34	20	-	21	31	8	3	1	1	-	-	3	51	2	6	2	1	1
Gelligaer Urban ..	1	-	1	-	-	-	-	11	12	11	5	30	2	12	45	55	11	36	14	4	15	42	17	2	-	2	-	-	5	45	5	12	1	1	1
Bridgend Urban ..	1	-	-	-	-	-	1	3	3	1	-	14	-	3	21	37	6	21	2	4	12	9	2	1	2	-	2	-	1	12	2	4	-	-	-
Maesteg Urban ..	5	-	1	-	-	-	2	5	3	1	1	21	2	4	27	43	2	28	7	-	7	6	7	3	3	2	-	4	19	1	8	1	-	-	
Ogmore and Garw Urban ..	2	-	-	-	-	-	-	9	6	2	4	11	-	-	30	58	2	33	12	1	13	24	10	1	2	1	-	-	2	29	1	3	2	-	-
Porthcawl Urban ..	-	-	-	-	-	-	1	3	4	3	2	13	2	-	26	37	1	14	4	-	18	7	-	1	1	1	-	-	1	9	-	1	4	-	-
Penybont Rural ..	2	1	-	1	-	-	-	10	18	3	4	41	3	2	55	103	7	55	17	2	45	26	10	1	2	3	-	1	2	63	10	16	2	1	1
Neath Borough ..	2	-	-	-	-	-	2	17	19	6	6	41	-	1	52	99	1	52	24	-	14	23	6	-	6	2	3	-	2	41	2	14	3	1	-
Neath Rural ..	3	2	-	-	-	-	2	10	9	9	5	32	2	4	59	130	9	38	35	1	19	29	12	3	1	2	4	-	4	47	3	12	3	-	-
Llantrisant and Llantwit Fardre Rural ..	2	1	1	-	-	-	-	8	9	9	2	15	5	3	49	68	5	20	10	1	11	21	10	-	1	1	-	3	28	3	5	3	-	-	-
Pontypridd Urban ..	4	-	1	-	-	-	-	17	13	3	3	27	2	1	79	96	8	74	22	1	23	48	21	4	2	4	-	6	38	5	7	4	-	-	-
Glyncorrwg Urban ..	1	-	-	-	-	-	-	1	3	1	-	10	1	1	7	16	-	7	4	-	6	5	2	2	-	1	1	1	-	9	2	2	1	-	-
Port Talbot Borough ..	2	-	-	-	-	-	-	20	21	9	3	43	2	5	76	107	9	53	21	-	22	30	8	3	1	7	4	-	8	47	11	8	3	-	-
Barry Borough ..	-	-	1	-	-	-	1	22	23	15	5	45	-	2	49	108	12	20	14	-	31	23	4	2	2	1	5	-	7	43	7	12	3	-	-
Cardiff Rural ..	2	-	1	-	-	-	1	12	25	8	8	62	5	2	58	137	10	42	25	4	54	31	5	3	5	-	1	9	64	11	10	2	-	-	
Cowbridge Borough ..	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	3	1	1	1	-	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Cowbridge Rural ..	-	-	-	-	-	-	-	5	7	2	2	19	1	1	21	29	2	20	3	1	8	12	1	-	-	1	-	3	13	3	6	1	1	5	-
Penarth Urban ..	3	-	-	-	-	-	-	5	13	6	1	26	2	2	29	80	7	18	7	2	17	11	1	3	-	-	-	3	20	4	9	1	-	-	-
Gower Rural ..	-	-	-	-	-	-	1	4	4	-	-	9	2	2	22	30	5	19	7	1	6	11	5	-	2	1	-	1	13	1	-	-	-	-	-
Llchwyr Urban ..	2	-	-	-	-	-	1	8	16	3	3	32	3	1	34	60	9	34	9	-	4	19	3	1	3	5	-	5	28	7	10	-	-	-	-
Pontardawe Rural ..	-	-	-	-	-	-	-	7	16	3	1	34	4	4	70	91	7	48	22	2	15	31	21	1	-	4	-	7	35	1	6	3	-	-	-
Rhondda Borough ..	14	-	1	-	-	-	1	47	46	21	8	75	5	12	187	311	34	102	46	8	52	111	68	9	5	7	9	1	14	99	11	30	10	1	1

TABLE 75.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1964

	Under 4 weeks		4 weeks and under 1 year		Age in Years																		Total all ages	
					1—		5—		15—		25—		35—		45—		55—		65—		75 and over		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Tuberculosis—Respiratory	-	-	-	-	-	-	-	-	-	-	1	-	1	2	6	3	15	1	20	-	6	2	49	8
Tuberculosis—Other	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	-	1	-	2	-	5	1
Syphilitic Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	1	-	6	3
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infections	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other Infective and Parasitic Diseases	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	-	2	2	2	2	2	-	-	-
Malignant Neoplasm—Stomach	-	-	-	-	-	-	-	-	-	-	1	-	6	-	14	4	45	17	60	32	45	40	171	93
Malignant Neoplasm—Lung Bronchus	-	-	-	-	-	-	-	-	-	-	-	-	6	-	30	10	101	8	117	6	35	4	289	28
Malignant Neoplasm—Breast	-	-	-	-	-	-	-	-	-	-	-	1	-	-	25	-	27	-	39	-	29	-	-	131
Malignant Neoplasm—Uterus	-	-	-	-	-	-	-	-	-	-	-	-	10	-	15	-	21	-	13	-	18	-	-	77
Other Malignant and Lymphatic Neoplasms	-	-	-	-	-	-	-	-	3	5	2	6	16	14	34	32	93	87	114	102	114	102	376	348
Leukaemia—Aleukaemia	-	-	-	-	-	-	2	1	-	-	1	2	3	-	5	2	5	5	8	7	3	5	26	23
Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	6	7	4	19	9	23	20	52
Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	-	4	5	7	4	28	36	73	61	174	202	208	381	494	689
Coronary Disease—Angina	-	-	-	-	-	-	-	-	1	-	5	-	40	10	171	30	318	109	427	244	264	318	1,226	711
Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	1	-	7	5	20	12	32	34	24	52	84	103
Other Heart Disease	-	-	1	-	1	-	1	1	3	1	3	8	12	11	16	30	49	51	105	102	194	303	385	507
Other Circulatory Disease	-	-	-	-	-	-	-	-	-	-	2	-	5	2	6	4	19	23	44	49	87	113	163	191
Influenza	-	-	1	-	-	-	-	-	-	1	-	2	2	-	3	-	3	2	4	4	7	10	20	19
Pneumonia	13	4	21	16	-	3	-	2	-	2	2	1	1	-	11	6	23	16	45	48	108	126	224	224
Bronchitis	-	-	4	2	-	2	1	-	-	1	-	1	1	1	25	4	116	6	193	27	150	70	490	114
Other Diseases of Respiratory System	-	-	2	-	-	-	-	-	1	-	1	-	2	2	17	2	71	7	65	10	59	17	218	38
Ulcer of Stomach and Duodenum	-	1	-	-	-	-	-	-	-	-	1	-	-	-	5	2	5	4	14	6	6	5	31	18
Gastritis, Enteritis, and Diarrhoea	-	2	2	-	1	-	1	-	1	2	-	-	3	-	1	2	1	2	9	1	9	13	26	
Nephritis and Nephrosis	-	-	-	-	-	2	1	1	-	2	3	7	2	2	3	6	3	6	5	4	8	30	25	
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	13	-	30	-	44	-
Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	4
Congenital Malformations	25	27	12	18	-	1	1	1	2	2	1	-	1	-	2	-	2	1	-	-	-	-	-	4
Other defined and ill-defined diseases	109	70	6	5	7	6	4	-	2	6	5	8	16	12	22	30	41	55	86	108	164	375	442	
Motor Vehicle Accidents	-	-	1	-	3	1	6	2	25	3	10	1	3	1	8	-	7	2	6	2	8	8	77	20
All other Accidents	1	1	7	7	6	2	2	-	8	1	5	1	13	4	13	4	15	10	10	19	24	44	104	93
Suicide	-	-	-	-	-	-	-	-	3	-	2	2	6	4	8	6	3	4	7	6	2	1	31	23
Homicide and Operations of War	-	-	-	1	-	-	-	2	1	2	1	-	-	1	-	-	1	1	-	-	-	-	3	7
All causes	148	105	57	49	19	17	18	11	52	26	49	44	152	93	437	258	1,045	546	1,530	1,073	1,501	1,854	5,008	4,076

**GLAMORGAN COUNTY COUNCIL
EDUCATION COMMITTEE**

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

SCHOOL MEDICAL INSPECTION

Medical examination has been continued with the school entrant and school leaver throughout the year. Opinions differ on the wisdom of dropping the formal intermediate group examination. Undoubtedly if informal visits by the doctor to the schools under his care are to be of value they must be regular, and sufficient time must be available to enable discussion between the teachers and the doctor to develop. Such a system takes up a great deal of staff time, and there is always the danger that without considerable vigilance some problems may be missed. The answer to this may lie in the use of a parental questionnaire which can be used to select children in the intermediate group for more specific attention.

Consideration is being given to the needs of the school leaver; it would seem important that a closer relationship should exist between the Youth Employment Officer and the school medical officer, with the possibility of extending this liaison to the factory doctor.

The School Health Service is one which was introduced to fulfil certain special needs in relation to the existing social and medical conditions of the time, and it is becoming more apparent that changing circumstances make it difficult to foresee its future role clearly. It would seem that the evolution of this service is producing an emphasis in certain spheres of work, namely:—

- (i) the school entrant, in particular children who have been in “at risk” groups;
- (ii) the ascertainment of handicap;
- (iii) special epidemiological surveys or group screening techniques;
- (iv) health education;
- (v) increased attention to the needs of some school leavers.

The following statistics give an indication of the work of the Department during the last ten years.

TABLE S.1

BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1954-64.

	1954	1959	1963	1964
A. MEDICAL INSPECTION.				
(i) Routine examinations	31,360	27,469	18,074	24,722
(ii) Special examinations	6,923	3,682	8,765	4,966
(iii) Re-examinations	21,805	10,921	9,775	11,255
Totals	60,088	42,072	36,614	40,943
B. DENTAL INSPECTION.				
(i) No. of children inspected by school dentists	27,426	32,320	25,804	40,026
C. TREATMENT.				
(i) No. of treatment centres ..	58	58	63	68
(ii) Attendances at school clinics:				
(a) Dental	52,575	49,908	45,092	61,949
(b) Refraction	11,686	12,675	9,160	11,076
(c) Orthopaedic	14,285	14,084	11,710	11,665
(d) Minor ailments	7,620	4,924	3,289	2,647
(e) Speech therapy	13,900	11,628	8,573	8,057
Totals	100,066	93,219	77,824	95,394
(iii) Treatment:				
(a) No. of teeth extracted ..	37,926	25,987	21,098	23,819
(b) No. of fillings	13,896	12,494	18,481	25,772
(c) No. of teeth filled	—	11,300	15,926	22,698
(d) No. of other operations ..	8,635	10,406	9,191	10,720
D. SCHOOL NURSES.				
(i) No. of examinations of children at school for uncleanliness ..	320,366	273,176	217,736	207,688
(ii) No. of re-examinations ..	22,189	12,757	9,650	10,994
(iii) No. of visits paid to homes ..	19,905	11,882	8,030	5,669

STAFF EMPLOYED IN THE SCHOOL HEALTH SERVICE ON 31ST DECEMBER, 1964-

<i>Designation.</i>	<i>Numbers in terms of Whole-time Officers.</i>
Medical Officers	22
Dental Officers	13
Dental Auxiliaries	2
School Nurses	25

TABLE S.2

CLEANLINESS.

The following table shows the incidence of uncleanliness in school children:—

	Nits in hair		Skin dirty or verminous	
	Boys	Girls	Boys	Girls
	%	%	%	%
1908-11 ..	9.3	38.9	4.3	4.1
1918-21 ..	0.7	17.2	0.9	0.3
1935-38 ..	0.5	2.6	0.6	0.3
1945-48 ..	0.9	5.6	0.6	0.3
1953 ..	0.8	3.7	0.2	0.1
1958 ..	1.0	3.7	0.2	0.2
1959 ..	1.0	3.8	0.2	0.1
1960 ..	1.1	4.1	0.1	0.1
1961 ..	1.1	3.9	0.2	0.1
1962 ..	1.1	4.0	0.1	0.1
1963 ..	1.2	3.6	0.3	0.2
1964 ..	1.4	4.1	0.1	0.1

The incidence of verminous heads among boys is increasing and is probably due to the prevailing fashion among some teenage boys to have long hair.

MILK AND MEALS IN SCHOOLS

Table S.3 shows that more children are receiving meals in school, and Table S.4 gives the number of pupils who obtained milk and meals in school in a selected day.

TABLE S.3

MIDDAY MEALS SERVED IN SCHOOLS ON A SELECTED DAY IN EACH YEAR.

Year	No. of children in attendance.	No. of midday meals served.	% of children in attendance taking meals.
1954	113,715	44,213	41.70
1959	120,067	47,810	42.74
1963	111,977	55,437	49.51
1964	117,213	60,645	51.74

TABLE S.4
SUMMARY OF RETURN MADE TO THE MINISTRY OF EDUCATION, 30TH SEPTEMBER, 1964.

Health Division	No. of pupils present	No. of pupils taking meals	No. of pupils taking milk	Schools and Departments served	Schools and Departments not served
Aberdare and Mountain Ash ..	10,115	4,296	8,876	59	1
Caerphilly and Gelligaer ..	12,636	8,141	11,441	64	1
Mid-Glamorgan	17,314	10,972	14,584	82	-
Neath and District	9,516	5,711	7,549	52	1
Pontypridd and Llantrisant ..	11,106	4,836	9,892	51	2
Port Talbot and Glyncoerrwg ..	11,001	4,734	9,207	45	-
South-East Glamorgan	19,794	9,830	15,527	84	1
West Glamorgan	9,797	7,520	7,734	60	-
Rhondda	15,439	4,110	13,062	89	2
Special Schools and Ogmore School Camp	495	495	470	5	-
Totals	117,213	60,645	98,342	591	8

TABLE S.5

COLOUR VISION.

During the year the survey of colour blindness of boys in the County was continued, and the table below shows the results.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number examined ..	408	453	587	425	417	113	218	353	-	2,974
Number colour vision defective ..	35	15	24	3	28	9	3	5	-	122
Percentage colour vision defective ..	8.58	3.31	4.09	0.71	6.71	7.96	1.38	1.42	-	4.10

HANDICAPPED PUPILS

The care and medical supervision of handicapped pupils remains the most important facet of the work of the School Health Service. The development of a complete service in this respect requires:—

- (a) early assessment of handicap;
- (b) regular review and reassessment;
- (c) the correct educational placement.

Of particular importance in relation to the last of these criteria is the need for consultation with teachers, psychologists, parents, and others concerned with the welfare of children. This “panel” approach to the solution of individual problems is becoming increasingly common, especially in relation to admission to special classes and schools.

Table S.6 shows the number of children of different handicaps provided with education at special day and boarding schools.

TABLE S.6

CHILDREN IN SPECIAL SCHOOLS AND CLASSES.

Category	Glamorgan Number		1964 Rate per Thousand	
	1963	1964	Glamorgan	England and Wales
Blind and Partially Sighted: At Special Schools—				
(a) Day pupils ..	—	3	0.02	0.15
(b) Boarding pupils ..	56	56	0.43	0.30
Deaf and Partially Hearing: (1) At Special Schools—				
(a) Day pupils ..	2	1	0.01	0.30
(b) Boarding pupils ..	58	56	0.43	0.42
(2) At Special Classes ..	117	103	0.79	—
Educationally Subnormal: At Special Schools—				
(a) Day pupils ..	148	154	1.18	4.54
(b) Boarding pupils ..	101	132	1.01	1.30
Maladjusted: (a) Special schools ..	4	2	0.02	0.65
(b) Hostels ..	15	13	0.10	0.10
Physically Handicapped and Delicate: At Special Schools:				
(a) Day pupils ..	19	19	0.15	1.57
(b) Boarding pupils ..	82	75	0.57	0.83

EDUCATIONALLY SUBNORMAL CHILDREN

(Educationally subnormal pupils, that is to say pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.)

In most instances, educationally subnormal children who require education in special classes in ordinary schools are dealt with by Educational Psychologists, although the Department's assistant medical officers are consulted at an early stage so that the children may be examined to see if they suffer from impaired hearing or vision. A report by Dr. James A. Brown on his investigation of hearing of a group of backward children is given on page 159.

Children who require education at special schools are referred to me by Divisional Medical Officers who consult with Educational Psychologists.

I have pleasure in reproducing the reports of Mr. W. P. Bourne, the headmaster of the Glamorgan Residential School for Boys, Hendre, and Miss E. I. Sharkey, headmistress of the Glamorgan Residential School for Girls, Cefn Glas:—

REPORT OF THE HEADMASTER OF THE GLAMORGAN RESIDENTIAL SCHOOL FOR BOYS.

"During 1964 there were several landmarks in the life of the school; the tenth anniversary of the opening of the school, the 200th pupil was admitted, and the 100th pupil left after his sixteenth birthday.

The school opened in February 1954 with nineteen pupils and by September of that year there were fifty-one on roll. During the next three years thirty boys were admitted, sixteen left on reaching school leaving age, four left as unsuitable for education in school, and two left for other reasons.

Then in 1958 the accommodation was increased to allow twenty more on roll. During that year forty-three boys were admitted, eighteen left at sixteen years of age, five left as ineducable, and three left for other reasons.

During the next six years there were only minor alterations in general organisation. On average, each year twelve boys left when they had reached school leaving age and three left for other reasons.

The table below shows the age on admission of the first hundred pupils, the second hundred, and the first two hundred. It can be seen that the age on admission to the school has ranged from 9 years to 14 years. The average for the first hundred was 11.0 years and for the second hundred 10.3 years. The trend has been to reduce the age on admission, and this trend is continuing.

TABLE S.7

<i>Age on admission.</i>		<i>First 100.</i>	<i>Second 100.</i>	<i>First 200.</i>
9	..	9	33	42
10	..	28	25	53
11	..	31	28	59
12	..	16	8	24
13	..	15	5	20
14	..	1	1	2

A systematic investigation concerning the boys who have left the school has been started, and it is expected that a report on this will be available next year.

Curriculum.

The curriculum and time-table are similar to those of an ordinary school. Each morning each teacher has his own class for basic subjects, and during these periods arithmetic, reading, spelling, writing, etc., are taught. The time-table is flexible and the amount of time spent by each individual boy on the various aspects of spoken, written, and printed language will depend on his relative strengths and weaknesses. In an informal atmosphere and without pressure there is organisation and planning to enable each boy to be working purposefully and individually at his own level and pace. Usually, in each class at any time there are a few boys who are in need of more intensive teaching. This is provided in special remedial periods either individually or in small groups.

In the afternoons the time-table is more rigid because each teacher then has different classes for a special subject. The subjects include woodwork, gardening, crafts such as pottery, weaving, and basketry, physical education, history, geography, science, art, and music. Most boys are able to achieve a higher standard in practical and physical subjects than they are in academic subjects, and many achieve normal standards in a particular field.

Television lessons are very successful. Each class has two lessons per week, using series intended for the normal age group below that of the class. The ability of the boys to understand and retain the subject matter of television lessons led to the introduction of lessons in history, geography, and science, and these are proving worthwhile.

Recreation.

Most evenings have a similar pattern. Before and after tea there are periods of free choice. At these times some boys go to the village shop and post office, some use the sitting room, the library, and the games room, for reading newspapers, comics, magazines, and books, playing table-tennis, snooker, and different table games, listening to the wireless and records, or watching television.

Others will be out of doors working on their gardening plots or some other voluntary work, or playing in many different ways in the grounds.

The next period involves organised activities which are planned to cater for a variety of interests and ages and to be mainly physical. Included are football, cricket, rounders, cross-country running, athletics, swimming, walking, and numerous minor games, both indoor and outdoor. During the summer months camping and canoeing are the main activities.

This is followed by a routine of cleaning shoes, shower or bath, and supper. After this the boys use the facilities of the library, the sitting room and the games room, or stay in their dormitories. They watch television, listen to wireless or records, read, draw, write, play games, talk. Eventually, at different times according to age, the boys go to their dormitories and finally, after a settling down period, the dormitory lights are put out.

Health.

Throughout the ten years the school has received excellent service and attention from Dr. G. E. Griffiths.

Monmouthshire County Council has provided the services of a speech therapist, and a mobile dental van has carried out inspections and provided treatment as required. Orthodontic treatment has been given at Pontypool. The Royal Gwent Hospital, Newport, and St. Lawrence Hospital, Chepstow have provided the services of a consultant when required.

Conclusion.

The school provides material and social conditions to enable each boy to develop physically, intellectually, and emotionally to the best of his ability. Each boy can be happy and successful while at the school, and become sufficiently mature to integrate normally when he has reached school-leaving age."

REPORT OF THE HEADMISTRESS OF THE GLAMORGAN RESIDENTIAL SCHOOL FOR GIRLS.

"The school opened on 13th April, 1964. By the end of that week we had admitted twenty-eight pupils. We had three teachers, a secretary, and the nucleus of a child-care staff, a caretaker, a cook, and domestic staff. The girls, divided into three classes, settled down remarkably well, and there was very little homesickness. This was a time of very hard and rewarding work for us all. At Whitsun, a specialist teacher in domestic science joined us.

In September 1964 the numbers rose to sixty-three. A specialist teacher in physical education joined the staff, together with two teachers who had completed the year's course at Caerleon for teaching handicapped children.

On 20th October, 1964, the school was officially opened by County Alderman Mrs. Dorothy Rees. We were fortunate to have very fine weather, and the day was a great success. The junior and senior choirs sang, and the visitors greatly admired the school and all its fine equipment. By now, we had four classes and a second dormitory block was in use.

In January 1965 the roll rose to seventy-three. A floor of the remaining residential block was brought into use. We rearranged the children in dormitory groups, but decided after a staff conference to alter the classes as little as possible, in order to provide security and continuity in the classroom situation.

Because our classes are smaller than those in an ordinary school, we can give individual attention to each child. Each girl is encouraged to work to the best of her ability, and she is never compared unfavourably with those who are better equipped intellectually.

On the social side, we aim at training our girls in the attitudes and manners which will help them to get along with other people, to stick at a task once it is started, and to take guidance in the proper spirit.

We have a wide variety of evening activities—country dancing, choir, rug making, pottery, canework, Guides, and Brownies. It would be very difficult for our girls to join a Guide company in their own areas, because they would not keep up with the pace of learning in an ordinary Guide company. We are, of course, in contact with local Guides and Rangers. We have our camping equipment ready for the Spring.

Our teaching, clerical, and housemothering staffs have all proved very generous with their time out of school hours—asking the children out to tea in their own homes and taking them on excursions. We have made several outside contacts for visits of this sort and these are invaluable, especially for our children who are in care.

On 11th June, 1964, a group of girls went to see a ballet in Cardiff. On 3rd July, 1964, the school went to Langland Bay for a day's outing. On the morning of 20th October (Opening Day) we took the children on a coach trip, in order to give them an outlet for their excitement. On Bonfire Night the display of fireworks was really spectacular. On 21st November, 1964, thanks to the teaching, child care, and domestic staffs' hard work, we had a successful 'Bring and Buy' Sale to raise money for our Christmas party and to start a school fund. We had a carol service and nativity tableaux on 14th December, 1964, Christmas dinner and nativity plays on 15th December, and a Christmas party and tea on 16th December, 1964. This was the first time that most of our girls had ever appeared on a stage, and they felt a great sense of achievement. Fortunately, we have many beautiful colour slides of the play.

The school provides wonderful companionship for children, who, because they are slow learners, might find it hard to make friends at home. Such children are often quite unenthusiastic about holidays. On the other hand, we have one junior and one senior girl who have developed acute homesickness, and their cases are being considered very carefully.

On an average about eleven pupils go home each weekend. We have a few who go home periodically. For various reasons, not all parents feel equal to having their children home at weekends. However, we have half-term holidays, so the parents are not cut off from their children for too long."

TABLE S.8
STATISTICS RELATING TO CHILDREN ATTENDING YSGOL CEFN GLAS.

Number of pupils ..	73
Age range	8-16
I.Q. range	50-80
<i>Areas from which the Children are Drawn.</i>	
Aberdare and Mountain Ash Division ..	3
Mid-Glamorgan Division	14
Port Talbot and Glyncoerrwg Division ..	4
Pontypridd Division	8
West Glamorgan Division	9
South-East Division	9
Rhondda	6
Monmouthshire	20
	<hr/>
	73
	<hr/>

BLIND AND PARTIALLY SIGHTED PUPILS.

(Blind pupils, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.)

(Partially sighted pupils, that is to say pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.)

I have pleasure in reproducing the report of Mr. Geoffrey Exley, the headmaster of Ysgol Penybont, Glamorgan School for Visually Handicapped Children :—

“The year 1964 began with 110 children in the school (fifty-nine girls and fifty-one boys). The children came from the following areas:—

47 Glamorgan.

61 Rest of Wales.

2 England (Yorkshire and Isle of Wight).

Two children were day pupils and another child was allowed to travel daily to school because of school phobia.

Thirteen children entered school during the year, of whom ten were under 7 years of age. One was a boy with failing sight who had passed the 11-plus examination at a junior school with the aid of an amanuensis and is being taught Braille before entering Worcester College for the Blind. Of the other children, one is a retinoblastoma case, one is spastic as well as visually handicapped, one entered as monoglot Welsh, several have severe attendant difficulties, either intellectual or emotional.

In the period the staff of the school had been increased by one housemother. One housemother was seconded to the one-year course of the Central Training Council in child care, another left the school to attend this same course. One teaching member of staff studied for the Diploma of the College of Teachers of the Blind which she will attempt in early 1965. This teacher accompanied me on a course for young teachers of the blind held under the auspices of the College of Teachers at Selly Oak Colleges, Birmingham, in August. I joined the Examiners Panel of the College of Teachers during the year and will be concerned with the examination of new teachers of the blind in all parts of Britain.

The overall number of pupils in the blind category in the school would seem to be remaining fairly constant at the moment. This experience is shared by several other schools for the blind in England. Perhaps this situation is to be expected whilst the population of these islands continues to rise. The causes of blindness of the majority of the pupils are congenital and developmental. The school still contains, of course, many children affected by retrolental fibroplasia.

The general programme of the school continued during the year as in former years. There were no epidemics and indeed the general health of the pupils was very good. The fact that the school programme encourages activities outdoors, lays much stress on physical education, and finally allows the majority of pupils to proceed to their homes at weekends for a change of air and atmosphere, may be significant. The possession of the school bus allows local excursions to be made quite easily and increases the opportunities to bring reality and first-hand experience to the support of classroom teaching.

In the educational programme of the school three main points have been to the fore. The question of mobility and the promotion of independent movement has even more than ever concerned the staff. Pupils proceeding to training establishments at the end of their schooling are expected, whenever possible, to be independent and competent "movers". Additional handicaps may play a serious part in augmenting the difficulties of a blind person, and unwise over-protection by parents has a marked effect in inhibiting independence of movement as well as outlook (the two being linked). The school has now two teachers keenly interested in physical education in its broadest sense, and 'movement' is being particularly stressed. The second point that has received much thought during the year, and will continue to concern the school, is the teaching of what is generally now called mathematics. There are many ways of approaching this subject in schools for sighted children, and blind schools are examining new approaches to mathematical concepts and the teaching of numbers. The abacus in its modern form and structure apparatus such as 'Cuisenaire' apparatus are being examined, as also are recording methods other than the traditional Taylor Frame. The third point of interest in the educational programme was the introduction of Perkins Braille Writers into the school. The 'upward' writers embossing braille 'write as you read' are a great advance on the older appliances. They are the size of a portable typewriter and are proving durable and efficient for pupils of all ages. The 'Perkins' is particularly useful with the youngest pupils who are starting to write braille, taking much physical effort out of the embossing process. Older pupils still need to know how to use the 'handframe', however, but probably only the postcard size is now necessary.

It is now hoped that braille-using pupils will leave the school able to operate the 'Perkins', the handframe, the typewriter, and the small portable tape recorder. Recent advances in production and facilities may shortly allow the 'Talking Book' section of the Royal National Institution for the Blind to allow schools to avail themselves of this service, and talking books of interest to young people will be produced.

As far as the partially sighted section of the school is concerned, it is interesting to note the inauguration of the 'Ulverscroft' editions, in large print, of books of general interest to adult readers with poor sight in welfare establishments and indeed in general public libraries. These 'Ulverscroft' editions are in good clear print of 14 to 18 point, and not unduly larger in format than the ordinary novel. In April 1965 Mr. Thorpe, the retired publisher, who has undertaken the job of producing reading matter suitable for people who find normal print difficult to read, hopes to produce two books per month of interest to pupils of school age. I am a member of the steering committee of this venture and so am well placed to follow its development.

In July 1964, Drs. Friedman and Fraser, working still on the Genetic Survey of the Causes of Blindness, returned for a day to the school in order to follow up certain details. The results of this survey are not yet published, but both the doctors remarked on the variety and complexity of the material they were considering.

The usual school activities continue, and pupils attend the St. John Ambulance classes and a variety of local Y.M.C.A. activities. Sighted pupils play other schools at suitable games. Within the school, out-of-class activities include country dancing, woodwork, typing, music, and art. Normally about 60 per cent of the pupils go home for weekends.

Sports Day was not held at a weekend this year. Instead, the parents were invited to a 'Parents Day' in early July. Very many parents attended from all parts of Wales. This was a valuable event and opportunity to meet teachers and housemothers and discuss the work and behaviour of the children. A talk on the pitfalls of bringing up children was given by Mr. Doyle, Educational Psychologist for Glamorgan. At the end of the afternoon Dr. Thomas, C.M.O. Glamorgan, presented the cups and medals competed in the athletic events held during the preceding week.

One of the highlights of the school year, especially from the selected pupils' point of view, was the trip overseas to Italy, financed largely through the voluntary efforts of the staff. Twenty pupils over the age of 11, and including totally blind children, accompanied by four staff, used the Whitsuntide boat to travel by train and cross-channel steamer to Rimini on the Adriatic. A rather long but fascinating journey was successfully completed, and the pupils found themselves comfortably housed in an hotel by the sea. A trip was made to Venice where the children had the opportunity of savouring the uniqueness of this famous city. The party returned to school to report their complete satisfaction, to rejoice that not one thing had gone amiss, and to show me the 8 mm. film they had taken of their expedition. The success of this venture has prompted the staff to prepare for a further overseas excursion in 1966.

In October selected pupils competed in the Inter-Blind-Schools swimming competition at Rowton Castle, Shrewsbury. The children acquitted themselves well, but the lack of adequate swimming facilities at Bridgend put the children at a disadvantage in comparison with pupils from other schools for the blind who now have swimming baths on their school premises.

Few pupils left the school during 1964, but a large number will leave in 1965. The Adolescent Ascertainment and Training Centre at Hethersett for blind adolescents has now been duplicated by the establishment of a parallel Training Centre at Birmingham. These two centres will now receive many of our blind pupils who seek employment in a variety of occupations in 'open industry'."

TABLE S.9
CAUSES OF BLINDNESS OF PUPILS IN SCHOOL AT END OF YEAR.

Retrolental Fibroplasia	20
Congenital Cataract	8
Retinoblastoma	3
Optic Atrophy	10
Others:	
Buphthalmos	12
Microphthalmos	
Anophthalmos	
Colobomata—other congenital defects ..	

DEAF AND PARTIALLY HEARING PUPILS.

(Deaf pupils, that is to say pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.)

(Partially hearing pupils, that is to say pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.)

The auditory assessment and training clinics which came into being towards the end of 1962 have now become firmly established in each Division, and an increasing number of children have been seen. The majority of children attending were referred from the routine hearing and vision testing carried out in the junior schools and the remainder by direct referral from the School Medical Officer, the head teacher, the health visitor, and others.

Nearly all the school medical officers working in the assessment clinics have now completed the course for medical officers at the Department of Audiology and Education of the Deaf, Manchester University. Close liaison is maintained with the specialist teachers, and each clinic team consists of a medical officer and a trained teacher of the deaf. In this way each child is considered as an individual, and the medical and educational needs of the child are assessed before a recommendation as to the future placement is made.

The following is the report of Mrs. C. E. Jones, Superintendent of the Nursery School for the Deaf:—

“During 1964, four children were admitted to the school for full-time education and seven children were attending for pre-school guidance. The number of children on roll by December 1964 was twenty-one, with seven children awaiting admission in the new year. Details are given below:—

TRANSFERS.

Sex and age.

Place of transfer and reason.

Girl—7·3 years	..	..	..	School for Deaf Children, Bristol. At 7·9 years transferred to P.D.U.
Girl—6·6 years	..	..	..	St. Christopher's School, Bristol. Diagnosed as aphasic.
Girl—6·9 years	..	..	..	Primary school awaiting further assessment.
Boy—7·3 years	..	..	..	Llandrindod Wells School.
Girl—7·0 years	..	..	..	do.
Boy—7·1 years	..	..	..	do.

ADMISSIONS.

Sex.

Date of birth.

Cause.

Boy ..	18th October, 1958	..	Maternal rubella—previous school P.D.U.
Boy ..	14th November, 1959	..	Histiocytosis X at 1 year 4 months followed by progressive deafness from 4 years of age.
Girl ..	24th April, 1961	..	Unknown.
Girl ..	23rd September, 1960	..	? Mumps

PRE-SCHOOL.

Sex.

Date of birth.

Cause.

Girl ..	7th March, 1962	..	Congenital hereditary.
Girl ..	29th June, 1961	..	Unknown.
Girl ..	12th June, 1961	..	Congenital malformation of both ears, facial paralysis—? drugs during pregnancy.
Girl ..	3rd March, 1962	..	Unknown—? drugs during pregnancy.
Boy ..	1st October, 1961	..	Congenital hereditary.
Girl ..	25th March, 1961	..	Congenital malformation of both ears, facial paralysis and spasticity—? drugs taken during pregnancy.

Children admitted for Observation and Diagnosis.

Seven children were seen at the school during the year for diagnosis and assessment. Two were admitted from the Nursery School for the Blind because a hearing loss was suspected. Other children seen included two with mental retardation and little or no significant hearing loss, despite lack of response to speech and poor language development.

The number of children requiring full-time education at the school is increasing, and it is interesting to note also that the number of dual or multiple handicap children is also increasing. This creates a considerable problem educationally, as such children are often found to be retarded and unable to benefit from the purely oral approach to the teaching of language. In order to cater for such a child it is necessary to decrease the number of children in the class if the teacher is to provide adequate individual attention. Because of the complexity of assessing the full extent of the child's handicap and the possible effect on educational progress, it is essential to have regular meetings with members of the E.N.T. and paediatrics departments to discuss any difficulties. Often, after consultation, it is decided to refer the child for further testing and diagnosis. This is particularly necessary with children who, despite seemingly normal development, fail to acquire an understanding of language through the medium of speech.

After five years it is now possible to assess the benefit of early admission to the school. Many children who are now approaching 7, or are slightly over 7 years of age, and who have been attending school from an early age, are giving indications of good language and speech development as well as making satisfactory educational progress. It is hoped to place such children in units for the partially hearing, but it must be recognised that there are still the majority of deaf children who will continue to need a school for the deaf. Progress which justifies transfer to a partially hearing unit is dependent entirely on the degree of useful residual hearing, the child's ability, his social and emotional development, and his aptitude for acquiring language and speech. All these factors must be taken into consideration when making a recommendation for placement in a P.D.U. It is also essential to ensure that the child's home is such that he can gain the maximum benefit.

From November, Mrs. M. Pearce became acting headteacher during the absence of Mrs. C. E. Jones, who was on maternity leave. An additional housemother was appointed, and to cater for the increase in the number of children who would be attending school during 1965 a teacher was appointed. The staff would then include five qualified teachers of the deaf and five housemothers. If adequate individual attention is to be provided it is absolutely essential to retain a high proportion of staff to children."

PHYSICALLY HANDICAPPED AND DELICATE CHILDREN.

(Physically handicapped pupils, that is to say pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.)

(Delicate pupils, that is to say pupils not falling under any other category in this regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the regime of ordinary schools.)

I have pleasure in reproducing the report of Mr. John Garrett, headmaster of Ysgol Erw'r Delyn, the Glamorgan School for Physically Handicapped Pupils:—

“TABLE S.10

STATISTICS RELATING TO CHILDREN ATTENDING YSGOL ERW'R DELYN.

1. *Number of Pupils in School.*

At the time this report is being prepared (January 1965) there are 135 pupils in the school—ninety boys and forty-five girls. They are taught in class groups as follows:—

TYPES OF HANDICAP.							Boys.	Girls.	Total.
Cerebral Palsy	..	..	..	..	..	..	33	24	57
Post-Poliomyelitis	..	..	..	..	..	..	11	6	17
Spina Bifida	..	..	..	..	..	..	12	6	18
Muscular Dystrophy	..	..	..	..	..	..	13	1	14
Heart Defect	..	..	..	..	..	..	2	3	5
Accidents	..	..	..	..	..	..	3	1	4
Paraplegia	..	..	..	..	..	..	2	1	3
Hydrocephalus	..	..	..	..	..	..	2	1	3
Asthma	..	..	..	..	..	..	3	—	3
Miscellaneous:									
Fragile Bones	..	2	F. Ataxia	..	1				
Congenital Deformities		2	Torsion Spasm	..	1				
Diabetes	..	1	Osteoporosis	..	1				
Pituitary Disorder	..	1	Syndrome of Un-						
Arthritis	..	1	known origin	..	1				
		—			—				
		7			4				
		—			—				
									11
									—
									135
									==

2. *Authorities.*

Glamorgan	..	86	Swansea	..	3
Monmouth	..	18	Carmarthen	..	4
Newport	..	2	Pembroke	..	3
Cardiff	..	7	Poole	..	1
Cardigan	..	1	Brecon	..	5
Merthyr	..	4	Radnor	..	1
		—			—
		118			17
			Total	..	135

3. *Degree of Handicap.*

(i) DEGREE OF MOBILITY.

Capable of walking a reasonable distance with the aid of a walking stick	..	..	..	..	..	39	=	30 per cent.
Can get around house and school with the aid of a stick, etc., but use a wheelchair outdoors	..	..	..	..	..	30	=	23 per cent.
Permanently chairbound	..	..	..	..	..	65	=	47 per cent.

(ii) INCONTINENCE.

Incontinent bladder because of physical handicap	18
Incontinent bowel because of physical handicap	13
Requiring urinary apparatus (8 boys, 5 girls)	13

(iii) PUPILS REQUIRING ADDITIONAL HELP BECAUSE OF PHYSICAL HANDICAP.

When washing ..	37.	At toilet ..	55.	At feeding ..	20.
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4. *Summary of Placement of School Leavers.*

214 pupils have been admitted since the school opened in 1958.

78 pupils have left this school since it opened in September 1958.

16 of school-leaving age entered employment in open industry.

25 of school leaving age returned home.

2 were returned home at parents' request.

4 of school leaving age entered Colleges of Further Education.

9 transferred to Mentally Handicapped Training Centre.

6 transferred to ordinary schools.

15 transferred to Special Schools.

11 have died.

—

78

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5. *Old Scholars' Association.*

The Old Scholars' party was held on Saturday, 12th December, when some twenty-five old scholars returned to school for this occasion. As a result of this gathering, an Old Scholars' Association has now been formed. It is intended that this Association shall meet twice a year and shall be responsible through its own committee for arranging a Christmas party and a one-day meeting in the summer. It is hoped that through this type of organisation it will be possible to follow up the work that has been done in the school and learn from old scholars how best to help those who are following to prepare for adult life.

6. *St. Cyres House.*

Report on the First Year.

Since occupying St. Cyres House in January 1964, twenty-six students have resided in the house. One student continued in residence whilst following full-time employment until he was able to move into lodgings in the district. Eight students left to take up full-time employment in open industry. Three students went home without having found employment. One student left to attend a Ministry of Labour training course in Exeter, and one student is due to commence a Ministry of Labour training course in tailoring at the School of Stitchery in Surrey as soon as she is medically fit.

Of the twelve who are still resident, one is travelling daily from the house to the College of Art in Cardiff, where she is taking a three-year course leading to the award of City and Guilds Dressmaking Certificate. Four are continuing in the Special Class taking a course leading to 'O' level or C.S.E. examinations. The remaining seven are continuing to receive basic education whilst awaiting placement in employment. Of these seven it is probable that there will not be adequate provision for four of them as they will have to return home with very little prospect of employment.

Nine children over the age of 16 have continued to receive education in school beyond school leaving age but have not been resident in St. Cyres House for two main reasons—four of them were day pupils and the remaining five require the attention of the night nurse and therefore have to be housed in school.

General Observations on the First Year.

It is felt that the house has been fully used throughout the first year, but it is difficult to decide whether or not all that was hoped for has in fact been achieved. The pupils requiring basic education have received this, and so have those taking the more academic course. One boy was supported in his employment until such time as he was sufficiently confident and secure to move out on his own. One girl is being helped to complete her course of studies at a Further Education College. The eight youngsters who were found open employment were able to continue the good-living habits established in school whilst awaiting employment. In other words, they were not allowed to become despondent and frustrated during this rather trying period of uncertainty. The pupils whose entire future is likely to be spent in their own homes have been given a few extra years of enjoyable community living.

Therefore, we might consider the first year to have been a successful one, and it is hoped that the work begun in this first year will continue next year when some of the weaknesses should be ironed out.

7. Out of School Activities.

The following events were a few of the activities held during the year:—

Parent/Staff Conference. The annual Parent/Staff Conference was held at the school on 7th March, 1964, when the headmaster gave a talk on 'Our Children, Ourselves, and the Future'. After this, parents and staff held discussion groups and after tea assembled in the hall to question a panel of experts who were present. This event is very worthwhile, as over ninety parents attended, many travelling long distances.

Boy Scouts. Ceri Jones, a pupil of this school, was chosen as one of the twelve scouts from the whole of the United Kingdom to attend the St. George's Day parade at Windsor Castle on Sunday, 26th April, 1964. He had a most enjoyable weekend and talked to the Duke of Edinburgh. The Queen was unable to attend the parade that year because of domestic commitments.

Scout Camp. Twenty-two Boy Scouts from the School Troop spent Whit-weekend in camp near Hereford on the banks of the River Wye. They were arranged in four patrols and each patrol cooked their own food for the whole week. Double-seater and single-seater canoes were hired and the boys were taught to canoe, several becoming sufficiently proficient to go in the single canoes. The Troop travelled half a mile down river in their canoes on Sunday morning to attend church and three miles down river on Wednesday to see the cattle market at Hereford town. After visiting the Hereford Rowing Club regatta on Monday afternoon, it was decided that an Erw'r Delyn regatta should be held on Tuesday afternoon. This was most successful, although the staff were somewhat wet and weary by the evening, having battled up and down the river rescuing canoes out of control and young Scouts who fell in the river when they capsized their canoes. (Every Scout was equipped with life jackets, and volunteer Senior Scouts from Hereford patrolled the bank.)

The project was most successful and the boys are now keen to build their own canoes in school ready for more trips this year.

School Journey. The sun shone brightly on the party of 211 (126 children and eight-five adults) who enjoyed a day at Bristol Zoo on 10th June, travelling from Cardiff to Weston by steamer, and from Weston to the Zoo by coach.

Garden Fête. The weather was also excellent for the large number of friends and parents who visited the school on 4th July to enjoy the Parents and Friends Association Garden Fête held in the school grounds.

Harvest Festival. The Harvest Festival Service was held on 9th October, 1964, and a large number of parents shared the service. The tinned foodstuffs brought by the children were handed over to the Penarth W.V.S., who distributed them to the old folks of the area.

Pony Riding. Certain children are receiving pony riding instruction from a well qualified and experienced instructor, Mrs. Pagnamenta from Cowbridge. This activity has the full support of the Consultant in Physical Medicine, Dr. Kenneth Lloyd, who feels that apart from its interest it has a therapeutic effect upon handicapped children. Mrs. Pagnamenta gives her services free, but we are required to pay a nominal sum to the local Pony Club who provide two or three ponies for the purpose.

The Annual Christmas Play Festival was held on 9th, 10th, and 11th December and was well attended by parents and friends who gave an enthusiastic reception to the children's performances.

Christmas Parties. The annual parties were held as usual and much enjoyed by the children, who were also invited to two parties organised by the Ministry of Works at Gabalfa and the Ministry of Agriculture and Fisheries.

Carol Service. The final event of the Christmas term was the carol service held at St. Luke's Church on the afternoon of 17th December, when the children read the lessons, recited individually and in groups, played recorders, and sang carols.

8. *Grammar School for Physically Handicapped Girls.*

Four girls from the school have obtained places at the new grammar school for physically handicapped girls at Alton, Hampshire. They will continue the courses begun in Erw'r Delyn leading to the G.C.E. examinations at 'O' and 'A' levels.

9. *Commercial Courses.*

A shorthand-typing class has now been established at the school with the appointment of a part-time teacher of commercial subjects. When new classrooms are built it is hoped that time given to this subject will be increased to enable all the pupils over 16 years of age to join the class."

MALADJUSTED PUPILS

(Maladjusted pupils, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustments.)

I am grateful to Dr. K. W. Aron, Consultant Child Psychiatrist, for a most interesting report on the work of the Child Guidance Service in Glamorgan, which is reproduced below:—

“As in previous years the work of the Glamorgan Child Guidance Clinic is published separately as a detailed annual report by the Consultant Child Psychiatrist, and considerations of space only allow some of the more important developments to be referred to here.

At both the Neath and Pontypridd Clinics adjustment classes continue to function. These have naturally involved a certain amount of restriction of the space and facilities available for Child Guidance Clinic purposes, though with a good deal of improvisation we have hitherto managed to squeeze them in somehow. It would not be possible, however, to provide facilities for a second adjustment class at either of these clinics, and to attempt to do so would considerably disrupt the Child Guidance work. For obvious reasons clinics are unsuitable as premises for adjustment classes as they were not designed or built for this type of provision nor can they be easily adapted for it. The most appropriate solution would be to house these classes in separate buildings which are neither clinics nor schools and which do not, therefore, present any frightening or anxiety-provoking features to the school phobics who form such a large proportion of the pupils of these classes. In the case of the Pontypridd adjustment class there would be space to put up such a separate unit in the grounds of the existing clinic, and this might be the most satisfactory solution of all.

With regard to *staff*, shortage of psychiatric personnel has continued to be one of our difficulties. Moreover, even in terms of our limited establishment the situation has once again been abnormal. Dr. E. B. Griffith, the Registrar in Child Psychiatry, continued to work on a part-time basis only from January to July, and then had to leave us for domestic reasons until December, when she was able to take up the appointment again. During this time I was without any kind of medical assistance.

The staffing of the Child Guidance clinics with Educational Psychologists during 1964 continued to be adequate, and a social worker, Miss Dorothy M. Evans, was also appointed though she was unable to take up her duties until 1st January, 1965, i.e. just after the end of the period with which this report deals.

Mr. D. H. Lewis, whose appointment as Play Therapist in August 1963 was already referred to in last year's report, finally took up his duties in February 1964. His joining our staff has enabled more intensive therapy to be given to a larger number of children than was previously possible.

The following statistics relate to the work of the Child Guidance Service during the year 1963-64.

(1) *Cases referred during the Period under Review.*

These figures, as well as their breakdown in terms of the different clinics, are given in Table S.11.

TABLE S.11.

Clinic.	Boys.	Girls.	Total.
Tynygarn	38	9	47
Neath	28	11	39
Rhondda	10	2	12
Aberdare	8	5	13
Pontypridd	28	17	45
Total ..	112	44	156

(2) *Cases Discharged during the above Period.*

These are given in Table S.12. They include, of course, both cases originally referred during the present period as well as others carried over from previous years and discharged during the period under review.

TABLE S.12.

Clinic.	Boys.	Girls.	Total.
Tynygarn	6	1	7
Neath	6	3	9
Rhondda	1	1	2
Aberdare	1	1	2
Pontypridd	4	3	7
Total ..	18	9	27

(3) *Causes of Referral.*

These frequently overlap, and a given child may, of course, be referred for more than one complaint. Bearing these points in mind, however, Table S.13 reflects fairly accurately the reasons why the help of the clinic is sought and the types of disturbance which are referred to us.

TABLE S.13.

Enuresis (wetting)—diurnal 6; nocturnal 13; both 6.
 Encopresis (soiling) 5.
 Stammering and stuttering 6; other speech defects 3.
 Temper tantrums 23; disobedience 4; generally difficult behaviour 25.
 Nightmares 5; night terrors 5.
 Stealing and pilfering 36; housebreaking 3.
 Sexual misbehaviour 5.
 Truancy 14.
 School phobia 6.
 Aggressiveness 8; destructiveness 3.
 Running away from home 6; wandering 2.
 Hysterical behaviour 2.
 Fits 2; fainting turn, etc. 1.
 Backwardness at school 8.
 Lying and romancing 10.
 Tics 2.
 Depression 8.
 General shyness and timidity 6.
 Restlessness and fidgetiness 6.
 Asthma 5.
 Migraine 4.
 Abdominal pains 2.
 Alopecia areata 1.

(4) *Sources of Referral.*

These are given in Table S.14 and include both medical and other agencies. Sometimes a particular case is referred by more than one source. At other times a particular agency, e.g. the Glamorgan County Children's Department or the Probation Service, may refer via the local divisional medical officer. Hence, in compiling this table, an attempt has been made to reduce each case to its original source of referral.

TABLE S.14.

	Tyny-garn	Neath	Rhondda	Aber-dare	Ponty-pridd	Total
Schools	3	4	—	—	6	13
Paediatricians ..	5	4	1	2	3	15
Divisional Medical Officers ..	11	8	2	7	5	33
General Practitioners and other medical sources	21	15	7	4	28	75
Juvenile Courts and Probation Officers	2	5	2	—	2	11
Children's Department	5	3	—	—	1	9
Totals ..	47	39	12	13	45	156

(5) *Age Distribution of Children Referred.*

This is given in Table S.15.

TABLE S.15.

Clinic.	1-5 years	5-10 years	10-15 years	Over 15 years	Boys	Girls	Total
Tynygarn ..	6	8	20	3	38	9	47
Neath ..	4	11	22	2	28	11	39
Rhondda ..	1	7	4	—	10	2	12
Aberdare ..	2	6	5	—	8	5	13
Pontypridd ..	2	14	28	1	28	17	45
	15	56	79	6	112	44	156

(6) *Psychiatric Interviews with Children.*

These are given in Table S.16, which refers to the diagnostic and therapeutic work of the psychiatrist.

TABLE S.16.

Clinic.	Diagnostic.			Therapeutic.		
	Boys	Girls	Total	Boys	Girls	Total
Tynygarn ..	20	13	33	211	69	280
Neath ..	11	4	15	123	31	154
Rhondda ..	2	6	8	62	11	63
Aberdare ..	4	3	7	49	15	64
Pontypridd ..	8	9	17	184	60	244
Totals ..	45	35	80	629	186	805

(7) *Work of the Psychologists.*

Interviews of children by the educational psychologists are given in Table S.17.

TABLE S.17.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
45	31	12	8	26	122

(8) *Interviews with Parents.*

These are given in Table S.18. This table would normally refer to the work of the psychiatric social workers, but since no social worker was available during the period under review, the duties which would fall to such a person had to be carried out by the psychiatrist himself and to some extent also by the psychologists.

TABLE S.18.

Tynygarn	Neath	Rhondda	Aberdare	Pontypridd	Total
286	180	81	69	276	892

(9) *Play Therapist's Interviews with Children.*

Mr. D. H. Lewis only commenced work with us shortly before the end of the period with which these figures deal, and the number of interviews which are recorded in this report is accordingly, as yet, small.

TABLE S.19.

Clinic.	Boys.	Girls.	Total.
Tynygarn	12	—	12
Neath	16	5	21
Pontypridd	16	—	16
Totals ..	44	5	49

(10) *Approved School Cases.*

The number of interviews with such cases during the period under review was eighteen. This figure refers entirely to boys seen on our regular monthly visits to the Glamorgan Farm School at Neath. There also took place on each of these visits a conference with the headmaster and staff about these cases, an aspect of the work which we regard as of considerable importance.

The question of increasing the number of psychiatric sessions at this school was raised during 1964, but in view of our present commitments this is not possible.

(11) *Interviews with Children other than at Clinic or Approved School.*

The number of interviews with such cases during the period under consideration was fourteen. This figure includes such work as domiciliary visits, visits to children in various hospital wards, homes, etc.

(12) *Other Activities.*

Once again lectures have been given to postgraduate students in psychiatry in connection with the tutorial course run by the Department of Extra-Mural Studies, University College, Cardiff. As in previous years, postgraduate students have also attended the Tynygarn Clinic with a view to gaining practical experience of Child Guidance work in connection with their preparation for the D.P.M. examination".

I also have pleasure in reproducing the report of Mrs. R. M. Matthews, the Warden of "The Lindens" Hostel for Maladjusted Pupils :—

"The unit remained open, with children in residence, for fifty-one weeks in 1964. Although some of our children return home for weekends, and a larger number for part of the school holidays, it is still necessary for some children to remain with us for the greater part of the year.

In December there were twenty-one children in residence from the following authorities:

Glamorgan	..	..	15
Cardiff	..	..	3
Merthyr	..	..	2
Cardiganshire	..	..	1

Five children are in the care of Glamorgan Children's Department.

Due to the extension of the Child Guidance and School's Psychological Service, our waiting list has been reduced, and it is now possible to admit a suitable case of emotional disturbance in children without undue delay.

Fourteen children attend the adjustment class daily, five of whom are non-resident. It can be seen that the unit fulfils a dual purpose as a day educational unit and as a residential hostel.

Thirteen children were discharged during the year. Eight to the care of their parents, two to small unit homes, one to an E.S.N. school, and two to continue their training at units for maladjusted school leavers.

One of our boys referred for further training has done remarkably well and has represented his school in athletics at the White City and become a national champion with the javelin. The problem of placing our children in employment is, however, difficult, and it is our opinion that when provision for other handicapped school leavers is being considered the needs of the maladjusted child should not be overlooked. At present the regulations limit the responsibility of the L.E.A. to the age of 16, but some of our children would benefit from help and provision beyond this age.

The facilities available at the unit are briefly summarised:—

Physical. Routine medical examinations of all the children by the Divisional Medical Officer's staff, plus a thorough investigation on admission, has led to an increase in necessary specialist referrals. Hearing loss and visual defects have been investigated, early treatment of infections of the middle ear have proved of great value, and regular dental treatment is available. Dr. Peter Gray, Senior Lecturer in Paediatrics, has been consulted over individual children, whose general health has caused concern.

A survey of the height and weight of ten children who were in residence for the whole year revealed that by comparison with Barak's scale of average height and weight of school children, eight were below the stated norms on admission but had in seven cases progressed beyond the norms by the end of the year.

Psychiatric. Dr. Paul Jackson, Senior Registrar, Whitchurch Hospital, has held clinics here weekly and has undertaken treatment both of the parents and the children. In consultation with the County Medical Officer, he has decided which form of treatment is indicated and in some cases has delegated certain responsibilities to other members of the Child Guidance Team. Dr. Jackson has undertaken some group therapy with selected parents of children within the unit.

Dr. J. P. Spillane, as Consultant Psychiatrist, is responsible for the orientation of the treatment provided.

Psychological. Mrs. A. M. Jones, Clinical Psychologist, now has the assistance of Mr. David Lewis, Play Therapist. As reported in my 1963 report, there is less need for routine testing, and both psychologists are now able to spend more of their time investigating the individual difficulties of children and interviewing parents.

Educational. At the end of the year there were fourteen children attending the adjustment class attached to the unit. The teacher-in-charge is absent for the academic year 1964-65 following a course in 'The Education of Backward Children' at University College, Swansea, and a temporary teacher has been appointed for this period.

Social Workers. Miss Judith Jenkins, P.S.W., Whitchurch Hospital, Mr. Dennis Sellwood, P.S.W., Glamorgan, and Mr. David Wakefield, Glamorgan Children's Department, are responsible for the liaison with the families.

Follow-up Survey. A survey of children who have left this unit has been commenced to attempt to discover the degree of success of the treatment given, and to indicate which group of children benefits most. The first stage of the investigation will be published in June 1965, but by June 1967 the survey will have covered over 150 children followed up over a ten-year period.

New Building. The activities of the unit have been limited by the size of the building, and it is hoped that in 1965 an extension will be completed which will provide additional room for the psychological, psychiatric, and educational facilities available and will increase the number of children which can be taken to twenty-five''.

TREATMENT.

Refraction.

The detailed examination of children's eyes and the provision of spectacles remains one of the most important aspects of the work of the School Health Service. When the National Health Service Act was introduced it was intended that this work would be taken over by the Hospital Service, but after the passage of sixteen years the burden on the School Health Service remains heavy.

Since refraction is a specialised form of examination it is not easy to train medical officers to undertake it. The Authority is therefore fortunate in having the services of five part-time ophthalmologists.

The number of children seen during the year was 7,953 and the number of spectacles prescribed was 2,817. A considerable number of children obtain spectacles through their local optician.

(2) *Orthopaedic.*

Clinics for the treatment of orthopaedic defects continued to be held in all divisions. Diagnostic work in the orthopaedic clinic concerning congenital dislocation of hips, early neurological investigation for poliomyelitis, progressive muscular dystrophy, and spina bifida have been helped by observations at an increasingly early age of all young infants attending infant welfare clinics.

(3) *Dental.*

The following is a report of Mr. H. P. R. Williams, the Principal School Dental Officer:—

“Staff.

The year 1964 proved to be happier and more successful than for many years, chiefly due to the improvement in the number of our staff. This has given us much encouragement after years in which we found great difficulty in maintaining our service.

During the year Mr. V. H. Price joined the Port Talbot and Glyncoth Division, commencing as Area Dental Officer on 1st June; Mrs. Ruth E. Morgan became Area Dental Officer in the Aberdare and Mountain Ash Division, commencing duties on 1st July; whilst Mrs. Ruth G. Phillips and Mr. Gareth M. Hughes joined out staff as Area Dental Officers in Caerphilly and Gelligaer, and Neath and District Divisions, respectively, on 1st September. Further Mr. D. Clive Phillips, Mrs. Rhian M. Thompson, and Mr. Pete Griffiths joined us as sessional dental officers.

Our only setback was the loss of Mr. H. R. Jones, Area Dental Officer for the Pontypridd and Llantrisant Division, who left our service on 30th April. Mr. Jones had proved a very efficient and able officer whilst in our employment. Filling the post has proved very difficult—on two occasions we have interviewed dental surgeons who have accepted the post, but in both cases they have withdrawn at the last moment.

At 31st December, 1964, the dental staff consisted of:—

- 8 Whole-time Officers;
- 17 Sessional Officers;
- 1 Dental Auxiliary.

In addition, one whole-time officer, one sessional officer, and one dental auxiliary were employed in the Rhondda Exempted District.

Premises and Equipment.

During 1964 much progress has been made in modernising our dental clinics, the following new equipment being installed:—

<i>Clinic.</i>	<i>Equipment.</i>
Central Clinic, Ynysangharad Park, Pontypridd	Morton dental cabinet No. 1.
Recreation Grounds, Longford, Neath Abbey	Borden Airtor with air compressor.
Dental Clinic, Depot Road, Cwmavon	Sterling chair.
Dental Clinic, Alexandra Road, Pontycymmer	Morton dental cabinet.
Dental Clinic, Park Avenue, Ogmore Vale	One portable Kavo dental engine.
Dental Clinic, Council Offices, Taibach, Port Talbot	One Morton dental cabinet.
	Sterling dental chair.
	Morton dental cabinet.
	Sterling dental unit.
	Solarite.

<i>Clinic.</i>	<i>Equipment.</i>
Dental Clinic, Aberdare Road, Mountain Ash	Sterling dental unit. Sterling dental chair. Solarite.
Dental Clinic, Woodland Road, Barry . .	Borden Airotor with air compressor. Murray stool.
Dental Clinic, Old Cottage Homes, Bargoed	Murray stool.
Dental Clinic, Caerphilly Road, Ystrad Mynach	Sterling dental unit. Solarite. Murray stool.
Denscombe Estate, Ludlow Street, Caerphilly	Sterling dental chair. Borden Airotor with air compressor.
Dental Clinic, Church Road, Cadoxton, Barry	Sterling dental chair. Murray stool.
The Square, Talbot Green	Morton dental cabinet.
Dental Clinic, Mynydd Cynffig Infants' School	Morton dental cabinet.
Dental Clinic, Gorseinon	Borden Airotor with air compressor.
London Road, Neath	Borden Airotor with air compressor.

In addition, new dental clinics have been opened during the year at:—

Bishopston, Swansea.
Rhydyfelin.
Llantwit Major.
Caerphilly.

These new clinics are all modern in design and fully equipped with most modern equipment.

A second surgery at Hunter Street, Briton Ferry, was equipped with a Sterling dental chair unit and Solarite operating light for the use of a dental auxiliary.

Inspection and Treatment.

It is hoped that as staff increases to eventually carry out a routine yearly inspection of every child on the school register. Whilst this may be wishful thinking, nevertheless it is our aim, and it is, therefore, a pleasure to note that as a result of the additional staff available in 1964, the number of pupils inspected by our Authority's dental officers was 40,026, made up of 28,950 by periodic inspections and 11,076 as specials. This is a considerable advance on 1963, when the total was 25,804, of which 16,771 were normal inspections, and 9,033 specials.

The number of children found to require treatment was 30,275, of which 26,437 were offered treatment. The number actually treated was 16,543. These figures also are an improvement on the previous year, but not as satisfactory as one would wish.

The number of clinic attendances made by school children during the year was 59,546 against 45,092.

Half-days devoted to inspection were 274 against 187 in 1963, whilst treatment sessions were 6,095 against 5,075 the previous year.

The total number of fillings done during the year was 21,490 in the permanent teeth and 4,282 in the temporary dentition, making a total of 25,772 fillings. The number of teeth filled was 18,807 permanent teeth and 3,891 temporary teeth, giving a total of 22,698.

These figures are a big advance on the 1963 total—by some 4,000 fillings—due, no doubt, to our increases in staff and the modernisation of our dental clinics. The installation of modern equipment results in improved figures in conservative treatment each year.

The number of extractions was 7,148 permanent and 16,671 temporary teeth, making a total of 23,819 extractions. This total is in excess of 1963 by nearly 3,000 extractions. Although disappointing, it is accounted for by the large number of emergency toothache cases and neglected mouths found by our new area dental officers when they took up duties in their various clinics.

The number of general anaesthetics administered during the year was 7,273, given by Assistant Medical Officers. The total number of sessions was 716.

The number of children supplied with artificial teeth during the year was 258, which is a slight improvement on the previous year when 267 dentures had to be fitted. Most of these cases arise from children who neglect their dentition until nearly leaving school, when extraction is the only remedy. Some arise from loss of teeth by accidents.

A large proportion of children dentally inspected do not avail themselves of our dental services. If they were receiving treatment privately one would be happy, but there is a pocket of resistance in certain areas which is difficult to break down despite dental health talks, etc. One Area Dental Officer is in the process of carrying out a dental survey in a district where consent and attendance at the school clinic is bad. Should the consent card offering treatment not be returned, this is followed by an invitation to the parent to bring the children along to the dental clinic, where the dental officer can explain the necessity for treatment. If the parent agrees to treatment, a consent card is signed and early treatment arranged. It is next pointed out to the parent that they can choose any dental surgeon of their choice, but our aim is to render the child dentally fit. It is hoped the response will be good.

Orthodontics.

The number of attendances by pupils at our clinics was 2,403 against 1,955 the previous year.

During the year 300 new cases were commenced, whilst 375 cases were brought forward from the previous year. The number of pupils completing treatment during the year was 156.

Two hundred and eighty-one removable appliances were fitted to pupils.

Whilst the orthodontic work shows an improvement on 1963, it is at present the weakest part of our service. Some years ago, owing to the grave staff shortage, very little orthodontic work could be undertaken, but now with an increased number of school dental officers we must accept the challenge of this important work. At present some of our officers show an aptitude for this work, producing good results.

The system adopted at present is that the difficult case—beyond the scope of the dental officer—is referred to an outside practitioner who specialises in this type of work.

We must seriously consider obtaining a full-time orthodontist in the near future, or obtain the services of a consultant specialist who will give us sessional work.

The demand by the parents for regulation work for their children is very much on the increase.

Dental Health.

Much good work was performed in the field of dental education during the past year. Our two dental auxiliaries, Miss S. Pager in the Rhondda Excepected Area and Miss D. J. Irwin in the Port Talbot and Glyncorrwg Division, have paid weekly visits to schools where they gave instruction and advice to classes on the great importance of dental care. They have also shown films in certain schools. Much dental literature in the form of posters, leaflets, etc., has been forwarded to all the Divisions for use by the dental staff in their clinics or in the schools they visit for dental inspections.

As in 1963, a mobile exhibition stand was on view at the Vale of Glamorgan Agricultural Show at Penllyne. This stand was loaned by the General Dental Council and manned by the County Council staff. Apples were kindly given by the Fruit Producers' Council.

With increased staff it is hoped to intensify our dental health campaign in the near future.

In conclusion, may I hope serious thought be given to the fluoridation of the water supply in the near future, as this would be a realistic and progressive measure in the prevention of dental decay”

SPEECH THERAPY

Speech therapists are nationally in short supply, and the Service remains mplete in relation to the School Health Service alone, whereas were more apists to become available to the Authority their work could be considerably ended, possibly into the field of domiciliary help for elderly persons incapacitated o ne effects of cerebro-vascular accidents.

The following table gives the number of children who have attended speech apy clinics in recent years:—

TABLE S.20.

	1956	1957	1958	1959	1960	1961	1962	1963	1964
T l number of indi- tial cases seen ..	1,212	1,168	1,368	1,339	955	767	1,023	1,001	1,052
T l number of atten- nces	11,692	10,940	12,514	11,628	7,024	6,522	8,325	8,573	8,057

TABLE S.21.
ANALYSIS OF WORK BY SPEECH THERAPISTS DURING 1964.
SPEECH THERAPY.

Analysis of work	Abertawe and Moun- tain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoed	South-East Glamorgan	West Glamorgan	Rhondda	Totals
Total number of individual cases seen	129	83	142	149	79	129	136	205	-	1,052
Total number of attendances	584	696	1,835	1,126	523	974	1,041	1,278	-	8,057
Number of current cases at 31st December, 1964	34	23	54	48	27	37	44	62	-	329
Total number of cases remaining on waiting list at 31st December, 1963	-	11	53	30	-	15	16	8	-	133
Number of cases under observation (immediate treatment not necessary)	91	27	-	39	60	-	48	-	-	265
Analysis of discharged cases:										
(a) Non-treatment cases—										
(i) Treatment not considered necessary	-	-	6	7	2	5	5	1	-	26
(ii) Failed to attend after diagnosis	7	-	-	1	-	3	3	9	-	23
(iii) Travelling difficulties and loss of school work	-	-	1	1	-	-	-	-	-	2
(iv) Unsuitable for treatment	1	3	-	1	-	-	2	-	-	7
Total	8	3	7	10	2	8	10	10	-	58
(b) Treatment cases—										
1. Treatment discontinued for various reasons—										
(i) Poor health	-	-	-	-	-	-	-	-	-	-
(ii) Lack of parental co-operation	-	-	1	-	-	1	2	-	-	4
(iii) Poor attendance or non-attendance	15	24	2	11	7	26	13	33	-	131
(iv) Pressure of school work	-	-	-	-	-	-	1	-	-	1
(v) Left district	-	4	3	4	1	5	3	-	-	20
(vi) Left school	1	2	5	4	1	-	2	-	-	15
2. Discharged—speech improved	8	14	7	3	6	10	25	5	-	78
3. Discharged—speech normal (cured)	33	7	37	30	9	21	14	49	-	200
4. Temporarily discharged	30	6	26	39	26	20	22	46	-	215
Total	87	57	81	91	50	83	82	133	-	664

Analysis of work		Aberdare and Moun-tain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Totals
General progress of cases:											
Much improved	..	10	5	27	24	11	23	9	29	-	138
Satisfactory	..	19	11	23	16	9	15	19	21	-	133
Little improvement	..	5	7	4	8	7	-	16	12	-	59
Total	..	34	23	54	48	27	38	44	62	-	330
Table of symptoms of cases treated at clinics:											
Stammering	..	29	16	37	31	15	36	13	48	-	225
Dyslalia	..	21	34	48	61	14	41	78	100	-	397
Cleft palate	..	6	4	6	6	9	2	8	4	-	45
Deafness	..	1	-	-	2	3	-	1	1	-	8
Lateral "s"	..	16	7	7	3	9	11	6	3	-	62
Interdental "s"	..	4	10	5	8	1	7	12	21	-	48
Rhinolalia (nasality)	..	4	2	6	3	3	5	-	5	-	28
Dysarthria	..	1	-	2	6	2	-	2	2	-	15
Dysphasia	..	-	-	-	-	-	-	-	-	-	-
Dysphonia	..	4	-	-	1	2	-	-	-	-	7
Low I.Q.	..	18	4	2	8	4	2	1	5	-	44
Retarded speech	..	17	3	21	10	15	17	5	6	-	94
Asphasia	..	-	-	1	-	-	-	-	-	-	1
Total	..	121	80	135	139	77	121	126	195	-	994

VACCINATION AND IMMUNISATION.

The following table shows the work done:—

TABLE S.22.

Division	Number of parental consents requested	Accepted B.C.G.		Mantoux Test			Number given B.C.G.
		Number	%	Number tested	Number negative	% negative	
Aberdare ..	901	713	79·1	597	507	84·9	507
Caerphilly ..	1,181	839	71·0	1,495	1,181	79·0	681
Mid-Glamorgan	1,519	1,336	88·0	1,177	1,021	86·8	1,021
Neath ..	865	662	76·5	636	559	87·9	547
Pontypridd ..	1,047	777	74·2	698	413	89·1	412
Port Talbot ..	1,008	852	84·5	799	667	83·5	661
South-East Glamorgan	1,824	1,638	89·4	1,527	1,278	83·7	1,269
West Glamorgan	788	680	86·3	571	509	89·1	503
Rhondda ..	1,729	1,242	71·8	921	678	73·6	678
Total ..	10,862	8,739	80·5	8,421	6,813	80·9	6,279

NEW SCHOOLS OR EXTENSIONS TO SCHOOLS.

Aberdare Boys' Grammar School.
 Beechwood (Dyffryn) Grammar School.
 Bridgend Residential School for E.S.N. Girls.
 Craig-yr-Hesg Junior School.
 Llangewydd Primary School and Youth Centre.
 Llanishen Fach Primary School.
 Port Talbot Technical College Extensions.

SPECIAL REPORTS.

(1) DEFECTIVE COLOUR VISION.

MID-GLAMORGAN DIVISION—*Report contributed by Dr. JAMES A. BROWN, Assistant Medical Officer.*

Colour blindness like many other biological phenomena occurs in varying degrees. It can range from total colour blindness, where it is impossible to distinguish any of the colours in the spectrum, to a mild degree of red/green colour blindness where discrimination between varying shades of red and green is impaired.

It is believed that about 8 per cent of all males and about 0·4 per cent of all females have some degree of colour blindness. Total colour blindness is considered to be very rare and some 5 per cent of cases are only partially colour blind to red and green.

At one of the junior schools in the Mid-Glamorgan Division a number of children are being taught arithmetic by the Cuisenaire System which involves the use of coloured rods. These rods consist of ten different colours with differing lengths for each colour. Because of the possibility that some colour blind children might be finding this system of arithmetic difficult it was decided to test them for defective colour vision; for this purpose the Ishihara colour plates were used and also in some cases the Eldridge Colour Lantern.

A total of fifty-seven children (thirty-one boys and twenty-six girls) were tested. Two children (one boy and one girl) were excluded from the results due to poor co-operation and thus the group was reduced to fifty-five (thirty boys and twenty-five girls).

TABLE S.23.
CHILDREN TESTED FOR DEFECTIVE COLOUR VISION.

	No. Tested	No. with defective colour vision
Boys ..	30	4
Girls ..	25	1

It has been observed that the majority of children with partial red/green colour blindness, as revealed by the Ishihara colour plates, are able to distinguish between a bright red and bright green but difficulty arises in discrimination between some shades of red and green. It was thought unlikely in the case of these five children found to have defective colour vision that their degree of red/green colour blindness would affect their progress on the Cuisenaire System as the rods of varying colours also have varying lengths by which they can be identified. A child of average intelligence would soon learn to identify light green as a different length from dark green even if the two greens appeared as the same colour to him. A child of low intelligence would take longer to do this though any child of mental age $3\frac{1}{2}$ years and above should be able to differentiate varying lengths of rods.

In order to ascertain if any of the five children were having difficulty in discriminating between the different coloured rods further tests were carried out.

In the first test (see Table S.24) the children were shown the coloured rods which were covered so that only half an inch of their tips were showing. The coloured rods were now seen to be all of the same length, i.e. half an inch long. The children, taken one at a time, were then asked to point to a colour that was named.

Four of the children were able to point to the correct colours without fail though in two cases not without some hesitation. The fifth child made three mistakes out of the nine colours shown. The test for this fifth child was later repeated and again the same three mistakes were made.

TABLE S.24.
RESULT OF FIRST TEST ON CHILDREN WITH DEFECTIVE COLOUR VISION.

Order in which asked to point to colours ..	6th	8th	9th	7th	1st	2nd	5th	3rd	4th
Order of colours in front of child ..	Orange	Black	Tan	Red	Dark Green	Yellow	Light Green	Pink	Blue
Case No. 1	+	+	+	+	+	+	+	+	+
2	+	+	+	+	+	+	+	+	+
3	+	+	+	+	+	+	+	+	+
4	+	+	O	+	O	+	O	+	+
5	+	+	+	+	+	+	+	+	+

+ correct. O error. The tenth colour, natural wood, was not shown.

In the second test (see Table S.25) the coloured rods were laid out so that the differing lengths of each could be clearly seen. Here again the children were asked to point to a colour as named. The four children who had all colours right in Tests I and II were found to have all colours right in Test II. The fifth child (Case No. 4) who had made mistakes in Test I again made mistakes in Test II. This time, however, he made only one mistake and on retest made the same mistake again.

TABLE S.25.
RESULT OF SECOND TEST ON CHILDREN WITH DEFECTIVE COLOUR VISION.

Order in which asked to point to colours ..	7th	4th	1st	2nd	3rd	5th	6th	8th	9th
Order of colours in front of child ..	Orange	Blue	Tan	Black	Dark Green	Yellow	Pink	Light Green	Red
Case No. 1	+	+	+	+	+	+	+	+	+
2	+	+	+	+	+	+	+	+	+
3	+	+	+	+	+	+	+	+	+
4	+	+	+	+	O	+	+	+	+
5	+	+	+	+	+	+	+	+	+

+ correct. O error. The tenth colour, natural wood, was not shown. The names of the colours used in Test I and II were the same names as the children use in their work at school.

The size of the samples tested is too small to draw any definite conclusion about defective colour vision and difficulties that may be experienced on the Cuisenaire System. However, it would be fair to comment that any child not making progress on this system for arithmetic should be checked for defective colour vision to make sure that colour confusion is not the reason for slow progress.

CAERPHILLY AND GELLIGAER DIVISION—*Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer.*

(2) HEALTH EDUCATION.

The pattern of Health Education in the area has continued along lines similar to those of 1963. The Health Visitors have remained responsible for the ante-natal classes and lectures to senior girl pupils in secondary schools and the College of Further Education. Several "fathers' sessions" have also been arranged in conjunction with the ante-natal classes and these have been attended by the Divisional Medical Officer. These latter sessions have apparently proved very enjoyable to those fathers who attended, if one is to judge by their subsequent comment, but there is still a marked apathy amongst prospective fathers and it is difficult to organise adequate numbers to make sessions worthwhile.

Talks and discussion groups have continued to be arranged with boys of school leaving age and these have now been extended to include all the secondary schools in the area and also certain youth clubs. It is hoped that the grammar schools will join in in 1965 but the stricter academic discipline of these schools makes time allocation a more difficult problem. Most of the talks to schoolboys have been given by the Divisional Medical Officer but Dr. J. Glyn Jones has recently been undertaking first aid classes. These have proved very popular and it is hoped that they will be expanded in 1965.

In the College of Further Education all male full-time students (in addition to the females who receive talks from the health visitors) have received a series of three talks on subjects related to preparation for parenthood. In order that classes may be kept reasonably small, this has involved weekly sessions throughout the year.

The Anti-smoking Campaign has continued though this would be made much easier if a film projector and suitable films were more readily available in the Division. There is a tendency to concentrate the effort in secondary schools but it is appreciated that given staff and adequate time there is a very real need for propaganda against smoking to commence forcefully at the junior level. The Co-founder Branch of the National Junior League of Non-Smokers continued to flourish in Bargod Boys' Secondary School with most of the efforts being centred around the production of a County sponsored film. This has been a long-term, spare-time project, which has helped to maintain the enthusiasm of the pupils for their Club. The film, which at the time of writing, is nearing completion, depicts the activities of the Club and is signed as a "follow-on" to the usual anti-smoking films. Once the dangers of smoking have been put over to an audience of school children the Bargod film endeavours to answer the question "So what! What can we do about it?" It aims to show the steps which this school took to create a positive interest in the "Act Non-Smoking" rather than merely proffering sage words of warning and admonishment to established smokers.

(3) HEARING ASSESSMENT CLINICS.

(i) CAERPHILLY AND GELLIGAER DIVISION—*Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer.*

In the early part of 1964 a very good relationship was built up between Dr. E. G. James, the Assistant Medical Officer responsible for the hearing assessment clinics in the Division, and Mrs. E. M. Anderson, Teacher of the Deaf. As a result of their combined sessions held on Friday afternoons many children not previously realised to have appreciable hearing loss were assessed and ascertained. Children were referred to the clinic by assistant medical officers, health visitors, and teachers. A sweep audiometric survey by the teacher of the deaf of the entire secondary school population towards the end of 1963 resulted in many children being referred to the clinic for ascertainment by Dr. James. The numbers subsequently classified were significant and justified the establishment of a senior partially hearing unit in the Division. This, however, did not prove practicable until early in 1965. The existence of so many of these children in the older age group underlines the need for continuing vigilance and the usefulness of the hearing assessment clinic where standardised hearing tests can be applied. Inevitably, the established methods of whispered or spoken voice tests, which have hitherto been employed by the medical staff, became suspect and it was decided to work towards a complete change-over to sweep audiometric testing of school children in various age groups as from the beginning of 1965.

(ii) MID-GLAMORGAN DIVISION—*Report contributed by Dr. JAMES A. BROWN, Assistant Medical Officer.*

As was anticipated last year, the work of the hearing assessment clinics has increased considerably and is now probably at its peak. The volume of work is such that it is no longer possible to see all children at the Bridgend Clinic on Saturday morning and now several clinics throughout the Division are used for this work on different days of the week. The Bridgend Clinic continues to be used on Saturday mornings for specially selected children where joint consultations between School Medical Officer and Organising Teacher of partially hearing pupils are held.

During the year 220 children were seen for hearing assessment which includes audiometry. Many of these children were seen on several occasions and there are still 110 under observation. This number under observation would not be so high if it were not for the gap of some 4 to 5 months between referring the child to E.N.T. consultant and the child being seen at hospital. The 4 to 5 months gap occurs because of the long waiting list of the E.N.T. consultant.

There were ninety children referred to E.N.T. consultant during the year and of these thirty-six, so far, have been admitted to hospital for operative treatment. It is likely that this number for operation will be far higher, as many of the children referred in 1964 will not be seen until 1965. It is thought that this figure of ninety referred to E.N.T. consultant will be less in 1965 as some of these can be considered as a "backlog" which should not recur.

A total of thirty-seven children were referred to Mr. Davies, Organising Teacher of the Deaf, and of these, nine were admitted to partial hearing units which are attached to ordinary schools in the Division.

There are now two clinics being used for part-time special educational treatment. One is in Bridgend which is used on Saturday mornings, and the other is in Caerau which is used on Tuesday evenings. Mr. Jones who joined us during the year is in charge of the special educational treatment given in these two clinics.

The year 1964 saw the start of a senior partial hearing unit where there are now seven partially hearing pupils. The partial hearing unit for the younger children now consists of two separate classes. It is very much hoped that next year a nursery unit for partially hearing children will be opened.

As in the previous year, our whole object has been to find the child suffering from impaired hearing and to give him all the medical and educational help which he desperately needs. In order to achieve this object, full co-operation is needed from parents, teachers, and doctors; this essential co-operation has been earnestly pursued by the hearing assessment clinics in 1964.

(iii) PONTYPRIDD AND LLANTRISANT DIVISION—*Report contributed by Dr. D. W. FOSTER, Divisional Medical Officer.*

Hearing assessment clinics were thoroughly well established in 1964 and have proved to be worthwhile additions to the service. They have confirmed my previous belief that there was in the Division no large group of undiagnosed or uncatered-for deaf children. The clinics' main contribution have been in achieving a more even standard of care, and in enabling the Medical Officer concerned to acquire invaluable experience in this field which it would be impossible to obtain in any other way.

Cases were referred to the clinics by health visitors or assistant medical officers, and also occasionally by general practitioners and hospital consultants.

A total of forty-one clinic sessions were held during 1964 (compared with eighteen in 1963) and the following table sets out the disposal of the cases examined. From this it will be seen that only one case was actually recommended for a special class, but in addition to this, several children were visited in their own schools by the teacher of the deaf for remedial attention.

A considerable number of the children seen were helped in various ways to make full use of their existing hearing, and the parents often welcomed advice and reassurance.

43.7 per cent (compared with 59 per cent in 1963) were recommended for further observation, on the grounds that either they might deteriorate and need special education, or were undergoing treatment and it was thought necessary to check that this was carried out and the patient's co-operation maintained.

The teacher of the deaf attended certain of the hearing assessment clinics at which she saw, together with the clinic medical officer, some of the more severe cases who might require special educational treatment. This opportunity for joint consultation and exchange of views was found most valuable.

TABLE S.26.
SUMMARY OF WORK CARRIED OUT AT THE HEARING ASSESSMENT CLINICS
IN THE PONTYPRIDD AND LLANTRISANT DIVISION.

Summary	Clinic								Totals	
	Central		Talbot Green		Tonyrefail		Rhydyfelin			
	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964
No. of appointments ..	158	253	29	37	28	49	—	56	215	395
No. attended	92	179	19	24	21	33	—	36	132	272
No. referred for treatment to—										
Otologist	14	39	1	8	4	4	—	6	19	57
Parent or general practitioner	1	2	—	1	—	—	—	—	1	3
Speech therapist	—	—	1	—	—	—	—	—	1	—
Educational psychologist	1	—	—	1	—	—	—	—	1	1
No. of observation only ..	54	73	16	11	11	20	—	15	81	119
No. recommended for Hearing Class	1	1	—	—	1	—	—	—	2	1
No. discharged	21	64	1	3	5	9	—	15	27	91

(iv) WEST GLAMORGAN DIVISION—*Report contributed by Dr. G. E. DONOVAN, Divisional Medical Officer.*

A pleasing feature of the work undertaken in the Division in respect of the School Health Service is the development of services for the ascertainment and disposal of children with impaired hearing.

Since the training of Dr. A. Hirst, one of my assistant medical officers in the Division, it has been possible to devote more time to this valuable service.

During the year she has had close liaison with the local E.N.T. consultants, particularly with Mr. Bihari, M.B., B.S., F.R.C.S., D.L.O., the Consultant E.N.T. Surgeon at the new Swansea Hospital who has been most co-operative, and with Mr. W. G. P. Davies, the Organising Teacher for partially hearing children in the western part of the County.

At the kind invitation of Mr. Bihari, Dr. Hirst attended his Out-Patient Department at Singleton Hospital recently with a view to discussing the problem of the deaf and the partially deaf child.

He was of the opinion that each deaf or partially deaf child being educated in a special class ought to be reviewed by a consultant every three months.

He also felt that many of the children being referred to him at present could be dealt with by a clinical assistant from the Health Department specially trained by him and suggested that possibly she could be attached as a clinical assistant on morning a week and could then also be trained to do the three-monthly reassessment of the deaf and partially deaf child and any cases presenting difficulties could be referred to him.

Due to the difficulties in the medical staffing in the Division and the other commitments of the assistant medical officers in other fields of their work, it has not been possible to consider this suggestion, but nevertheless, the excellent co-operation between the two Departments is being maintained.

During 1964, special clinic sessions have been arranged for the medical examination and audiometric assessment by Dr. Hirst of children suspected as suffering from a hearing defect.

In this particular period, she examined forty-nine children and reported on Form H.29 (seventeen examined in 1963).

At present the number of children attending full-time education at the special classes for partially hearing pupils are as follows:—

Trebannwys Junior Mixed School	..	6
Pontardawe Secondary Modern School	..	8*

*Three pupils are having only part-time assistance for time being.

In addition to these children, two pupils have been referred during the year for attendance at one of these classes, and are awaiting placement.

Audiometric Assessment Clinics continued to be provided in the Division during 1964 to cater for the needs of those pupils who are referred in the first instance as possibly suffering from a hearing defect, who subsequently are considered not to be sufficiently disabled to preclude them from normal schooling.

With the kind co-operation of Mr. W. G. P. Davies, these clinics were held in the Llchwyr and Pontardawe areas of the Division.

During the course of the year, Mr. Davies saw a total of thirty children from the Division and seventy-five appointments were kept by these children.

The closest co-operation is maintained between Dr. Hirst and Mr. Davies, so that cases can be discussed when appropriate with a view of making suitable recommendations for the future welfare of the children concerned.

(4) INVESTIGATION OF HEARING OF A GROUP OF EDUCATIONALLY BACKWARD CHILDREN.

Report contributed by Dr. JAMES A. BROWN, Assistant Medical Officer.

Impaired hearing, even of moderate degree, can be a great handicap to a young child at an ordinary school. Children with this handicap may well be found among the educationally retarded and it was decided to ascertain to what extent impaired hearing occurred in a group of educationally backward children.

METHOD OF SELECTION OF EDUCATIONALLY BACKWARD GROUP.

Advantage was taken of a survey of backwardness carried out by the educational psychologist in the area in 1963. This survey included all eight-year-old children of both sexes attending junior schools in the area and consisted of a total of 1,579 children.

The survey was carried out in three stages using standardised tests. Briefly, the three stages of the tests were:—

Stage I. All children in the age group were given a verbal intelligence test which was a test of verbal ability.

Stage II. Any child falling below a certain score in the first stage was given a non-verbal test. In this test reading ability was not necessary for success but each child was given an individual reading test by a specialist remedial teacher.

Stage III. Every school was visited by the educational psychologist who discussed each child, who take Stage II with the head teacher.

The final recommendations regarding the need for part-time remedial education or full-time special educational treatment were based on the results of these tests together with the head teachers' opinions.

The children for part-time remedial education are given part-time help with a remedial teacher who takes small groups of no more than eight children at a time from their own classes, for a varying number of hours per week. The children requiring full-time special educational treatment are given this in full-time special classes.

There were 275 children who were found to need part-time remedial education and nine children who were found to be in need of full-time special educational treatment. These were the children whose hearing it was thought advisable to investigate.

AUDIOMETRIC SCREENING PROCEDURE.

It was decided that the most accurate way to check the hearing of these children would be by individual test using pure tone portable audiometer. Initially the children were checked in their own schools using the audiometer in a screening procedure.

In co-operation with head teachers the quietest room possible was selected in each school. The children were tested in small groups of not more than six. One child of each group was selected to be first and full instructions on what was required of him was given in front of the other members of the group. By using one child as a "demonstration model" in this way it was found unnecessary to repeat instructions to the others.

The child was asked to raise his hand as soon as he heard the whistle. The first pure tone was made at 2,000 cps. at 25 decibels. Frequencies of the pure tones were then increased through 2,000, 3,000, 4,000, 6,000 up to 8,000 cps. keeping at 25 decibels. The pure tone was then reduced to 2,000 cps. sounded again at this frequency and decreased through 1,500, 1,000, 500, to 250 cps.

Any child who failed to respond to any two or more frequencies at 25 decibels in either ear was deemed to have failed this screening test and his name was duly recorded for further investigation. Out of a total of 252 tested nineteen children failed to pass. A screening technique such as this is most unlikely to let any children with a significant hearing loss slip through the net. On the other hand, the fact that only three children, out of the nineteen who failed this screening test, were found later to have normal hearing shows how reliable this screening procedure can be.

Every school was visited at least twice and in some cases schools were visited three or more times. In spite of this there were fifteen children (5.5 per cent of total) who were not tested due to the fact that they were absent on the days the schools were visited.

In Table S.27 can be seen the results of the audiometric screening test.

TABLE S.27.
CHILDREN FOR AUDIOMETRIC SCREENING TEST.

	(a)	(b)	(c)	(d)	(e)
No. of children requiring test ..	275			(c) as % of (b)	(c) as % of (a)
No. of children tested		252			
No. of children passing test			233	92.5	
No. of children failing test			19	7.5	
No. of children not tested—					
(i) Due to repeated absence ..			15		5.5
(ii) Not traced—moved schools, left district, etc.			8		2.9

INVESTIGATION OF CHILDREN WHO FAILED SCREENING TEST.

Impaired hearing was now suspected in all those nineteen children who had failed the audiometric screening test. They were given appointments to attend clinic for fuller assessment and investigations. At this clinic any significant history was obtained from relatives, auroscopic examination carried out and hearing tests performed. The hearing tests used as a routine on each child were the hearing test cards of the National Institute for the Deaf, response to high pitch rattle and full audiometric test on the portable pure tone audiometer. Several attendances were made by some children before it was possible to obtain satisfactory audiograms.

Out of the nineteen children tested sixteen failed to pass the full audiometric test. In the clinic a failed audiometric test was taken as a loss of more than 20 decibels at any two tones from 250 to 2,000 cps. or a loss of 20 decibels or more at 2,000 cps. with increasing loss in higher frequencies.

The results of the full audiometric test were:—number of children tested, nineteen; number of children passing, three; and number of children failing, sixteen.

In the survey for backwardness nine children were found to be in need of full-time special educational treatment. Seven were given full hearing tests, including audiometric test, in the clinic and all were passed. The remaining two children were not tested as they had moved out of the district.

DISPOSAL OF CHILDREN WHO FAILED HEARING TESTS.

No child was judged to have a significant hearing loss on results of pure tone audiometric test only. Taken into account were reports from E.N.T. consultants, reports on the child from teachers and from the organising teacher of the deaf, tests on speech comprehension, opinions of the child as expressed by parents and, of course, behaviour and reactions of the child as observed at school and in the clinic when hearing tests were made.

Three children out of the sixteen who failed the pure tone audiometric test were judged not to have a hearing loss interfering with educational progress. The disposal of these sixteen children was as follows:—referred to family doctor, three; referred to E.N.T. consultant, ten; later judged that hearing loss was not affecting educational progress, three.

Out of the three children referred to family doctor, two were referred because of wax blocking one or both external auditory meati. After syringing, the hearing

in these two children was found to be normal. The third child was referred to family doctor on request of the parents who expressed preference for all investigation and observation to be carried out by their family doctor. On checking nine months later it was found that this child had been referred to the E.N.T. consultant, who had recommended removal of adenoids. An audiogram showed that there was no loss of hearing greater than 20 decibels in one ear and that in the other ear there was only a loss of 40 decibels in frequencies 6,000 and 8,000 cps.

In Table S.28 can be seen a summary of the hearing loss, as revealed by pure tone audiometer, of the ten children who were referred to the E.N.T. consultant.

TABLE S.28.

HEARING LOSS IN DECIBELS OF CHILDREN REFERRED TO E.N.T. CONSULTANT.

	Ears	Frequency in cps.						Mean at all frequencies
		250	500	1,000	2,000	4,000	8,000	
Case (1)	R	25	35	30	45	60	60	42.5
	L	30	40	55	65	60	60	51.7
Case (2)	R	30	20	20	15	30	55	28.3
	L	50	45	50	35	50	60	48.3
Case (3)	R	40	50	60	45	30	35	43.3
	L	15	15	10	15	15	25	15.8
Case (4)	R	20	20	15	30	30	25	23.3
	L	55	50	45	75	50	30	50.8
Case (5)	R	45	45	45	45	45	60	47.5
	L	30	20	25	25	20	30	25.0
Case (6)	R	20	25	30	40	45	60	36.7
	L	20	25	30	45	55	60	39.2
Case (7)	R	55	65	70	80	90	—*	—
	L	45	55	25	35	50	55	44.2
Case (8)	R	45	35	35	40	60	—*	—
	L	20	25	15	25	20	50	25.8
Case (9)	R	20	15	15	10	10	15	14.2
	L	75	75	75	75	75	70	74.2
Case (10)	R	20	20	30	45	40	55	35.0
	L	20	25	20	35	30	30	26.7

*Too low to record.

Four children (Cases (1), (4), (6), and (7)) have now been admitted to a special class for partially hearing children. Two of these children were found to have bilateral perceptive deafness and have been fitted with hearing aids which are used in their class work. It was thought that three other children (Cases (3), (8), and (10)) would benefit from extra educational assistance for children with hearing handicaps and this is now being given on one morning per week. Hearing loss was not thought to be an educational handicap in two children (Cases (5) and (9)) though they will continue to be kept under observation for a while. The remaining child is under current medical observation and is awaiting admission to hospital.

It should be noted that all these children with the exception of the four admitted to the class for partially hearing pupils, are being given special remedial education in their schools by remedial teachers and that this is also of benefit to children who have slight impairment of hearing.

SUMMARY AND CONCLUSION.

Advantage was taken of an educational survey of backwardness to investigate the hearing of a group of children who were found to be educationally backward. This group consisted of 275 children needing part-time remedial education, and nine children needing full-time special educational treatment, who had been selected out of a total population of 1,579 eight-year-old children in the area.

A total of nineteen children failed the initial individual pure tone audiometric screening test carried out in the schools. Out of these nineteen children, sixteen failed the full pure tone audiometric test. Three children of these sixteen were referred to their family doctors and ten were referred to E.N.T. consultants.

Four children have been admitted to a special class for partially hearing pupils from the group of ten children referred to E.N.T. consultant and a further three children are receiving extra educational assistance on one morning per week. The remaining three children are still under medical and educational observation though in two of them it is thought that the slight loss of hearing is no handicap to their educational progress.

Although investigation of the hearing of these educationally backward children has been time consuming the hearing defects brought to light have fully justified the time spent. Hearing handicaps may be educational handicaps and in these educationally backward children impaired hearing may well be found.

5) SERIAL SKIN TESTING.

i) CAERPHILLY AND GELLIGAER DIVISION—*Report contributed by Dr. D. J. ANDERSON, Divisional Medical Officer.*

Annual skin testing continues to be offered to all school children in the Division with B.C.G. vaccination to non-reactors in the 12-13 age group.

As forecast last year, the acceptance rate has markedly increased following revised administrative procedure. There has been a welcome fall in the number of positives from causes other than B.C.G. I fear that a certain amount of observer error is creeping into the results due to mistaken identification of the traumatic effects of the Heaf gun as positive reactions. It is better, however, to err on the side of caution and have these children followed up than to risk missing genuine reactors by insisting that the reading medical officer makes what is sometimes a difficult on the spot decision.

I have not been satisfied during 1964 with the arrangements for subsequent follow-up of positive reactors. It was not possible to follow up children who were reactors by making use of the Mass Radiography Service although thirty-seven children attended the Mass Radiography Unit when it visited Caerphilly, Llan-beradach, and Ystrad Mynach. For 1965 I am happy to report that arrangements have been made with Caerphilly Chest Clinic for regular sessions for school children and although this will mean considerable travelling for some cases, the arrangements should prove much more satisfactory.

A pupil attending the Ystrad Mynach Occupation and Training Centre was notified as suffering from tuberculosis. All the "pupils" were Heaf tested and those with positive reactions were X-rayed by the Mobile Unit when it visited the area. No further cases were discovered.

GLAMORGAN EDUCATION AUTHORITY—RHONDDA COMMITTEE FOR EDUCATION.

OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICES IN RHONDDA (EXCEPTED DISTRICT) DURING 1964.

1. ESTABLISHMENT OF MEDICAL OFFICERS.

The following medical officers were available for work within the school medical service during 1964:—

- (1) Dr. J. P. J. Clarke.
- (2) Dr. P. M. Brown.
- (3) Dr. W. B. Davies (part year).
- (4) Dr. B. E. Deere (part year).
- (5) Dr. S. Mahboob (part year).
- (6) Dr. J. Walsh (part year).
- (7) Dr. N. C. Osborne (sessional).

TABLE I.
TABLE SHOWING DISTRIBUTION OF DOCTOR'S TIME BY TYPE OF WORK
CARRIED OUT.

		Routine Medical Inspection	B.C.G. Vaccina- tion	Polio Vaccina- tion	Maternity and Child Welfare	Others, School Clinics, Specials, etc.
(1) Dr. J. P. J. Clarke	..	—	—	4	37	145
(2) Dr. P. M. Brown	..	22	16	—	96	153
(3) Dr. W. B. Davies	.. ..	16	—	2	225	6
(4) Dr. B. E. Deere	.. ..	68	18	14	154	52
(5) Dr. S. Mahboob	.. ..	52	—	15	95	4
(6) Dr. J. Walsh	.. ..	35	—	1	52	10
(7) Dr. N. Osborn	.. ..	77	—	6	67	6

2. ROUTINE MEDICAL INSPECTION.

(a) During 1964, this type of examination was again restricted to entrants and any pupils at primary schools who had not been previously examined. Table I shows the number of pupils examined by year of birth.

TABLE II.

DISTRIBUTION OF PUPILS UNDERGOING ROUTINE MEDICAL EXAMINATION
BY YEAR OF BIRTH AND PHYSICAL CONDITION.

Age groups inspected (by years of birth)	Physical condition of pupils inspected.		
	No. of pupils inspected.	SATISFACTORY No.	UNSATISFACTORY No.
1959 and later ..	1,511	1,511	—
1958	411	411	—
Total ..	1,922	1,922	—

(b) The following report on the audiological service was prepared by Dr. P. Brown:—

Audiological Service 1964.

(i) *Routine Testing of School Children for Hearing defects.*

The screening of all infants' school pupils for hearing defects, which was begun in 1963, was completed in the early months of 1964, the screening of junior school pupils having been completed the previous year. This meant that all children under the age of 12 in Rhondda schools had been tested in order to ascertain the presence of any defect of hearing.

In the summer term of 1964, a start was made on the system of visiting each infants' school in order to test 'new entrants' (i.e. children who commenced school after the initial screening programme had been carried out), together with those children who for some reason (absenteeism or reluctance to co-operate) had not been tested the previous year.

Owing to the relative shortness of the summer term and the temporary shortage of medical staff, it was only possible to visit eighteen out of the forty-two infants' schools. Furthermore, the pressure of other School Health Service work during the autumn term precluded the possibility of completing the routine screening tests in 1964. However, it is hoped the testing of 1963-64 'new entrants' will be concluded when schools are visited in order to test the 1964-65 'new entrants'. In the meantime, any child who has not been tested, but is suspected of being hard of hearing, either by teacher, parent, or school nurse, is being given an opportunity to attend one of the hearing assessment clinics.

As with previous screening programmes, the method used for testing was the 'picture card whisper test'. Although the children tested on this occasion were nearly all in the under-5 age group, the fact that only six out of 477 were reluctant to co-operate helps to illustrate the acceptability of this method of screening very young children.

The following table summarises the total number of children tested in the schools visited, the number of absentees, uncooperative children or those who failed the 'whisper test'.

No. of children who required testing in schools visited*	No. of children tested	No. of uncooperative children	No. of absentees	No. of failures	Percentage failures
591	471	6	114	19	4.03

*New entrants, plus those not tested the previous year owing to absenteeism or reluctance to co-operate.

The rather high number of absentees can be explained by the fact that some of the school visits unavoidably coincided with the annual Miners' Holiday fortnight. These children will, of course, be tested during the 1965 screening programme.

The percentage failure rate is slightly higher than those obtained in the initial testing surveys of junior and infants' schools (3.56 per cent and 3.68 per cent respectively). However, the difference is not statistically significant.

Of the nineteen children who failed, twelve were found to be normal on subsequent testing. The remainder are attending the hearing assessment clinics periodically for follow-up testing.

(ii) *Hearing Assessment Clinics.*

In March 1964 a system of regularly-held hearing assessment clinics was introduced. The clinics are held at five main centres: Ynyswen, Ystrad Treallaw, Penygraig, and Ferndale; one each week on a rotating basis. When numbers warrant, then additional clinics are held at Court House and Ynyshir.

The clinics are staffed by an assistant medical officer and the teacher responsible for the deaf so that each child referred can be assessed from both the medical and educational aspect.

Children are referred to the clinics from various sources and the numbers referred from each source in 1964 are given below:—

School nurses (a) parents' request	..	..	..	7
(b) school teachers' request	..	..	..	4
General practitioners	..	..	..	4
Educational psychologist	..	..	..	3
Routine school medical inspections	16
Children with hearing loss detected in special survey				78

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Any child who is thought to have a condition which may respond to active treatment is referred for E.N.T. specialist examination. Other children with a significant hearing loss are re-examined at periodic intervals depending on the severity of the loss. The criterion for deciding on the significance of any hearing loss is usually taken as a loss greater than 30 decibels in both ears. However, if a child gives a history of an ear, nose, or throat condition, or a hearing loss less than 30 decibels bilaterally, he is re-assessed at a later date. Similarly, a child who may have normal hearing in one ear but relatively poor hearing in the other is also referred for re-assessment.

The results of assessment in 1964 were as follows:—

Satisfactory hearing	..	..	..	..	..	48
Referred for E.N.T. specialist opinion				..	..	11
Referred for re-assessment	..	..	..	..	..	63

Of the sixty-three children who were referred for re-assessment, twenty-eight were seen again before the end of the year.

It will be appreciated that hearing assessment clinics in Rhondda are only in their infancy and so far the service has been limited to school children. However, it is hoped that in the near future the service will be expanded to include pre-school children for whom early assessment is of vital importance with regard to their future educational placement.

(c) For the school-leaver group, an individual interview was arranged with each pupil at which a detailed questionnaire was completed by the visiting doctor. If the need for clinical examination was indicated, this was carried out at the school or at a local authority clinic.

The questionnaire used is as shown in Table III which also summarises the positive responses of all the children seen.

TABLE SHOWING SUMMARY OF AFFIRMATIVE RESPONSES
OF SCHOOL-LEAVERS EXAMINED IN 1964*.

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Of the non-medical questions asked at the interview, the information obtained in respect of smoking habits is further analysed below.

TABLE IV.

TABLE SHOWING SMOKING HABITS OF PUPILS INTERVIEWED BY SEX.

All schools.	No. of pupils interviewed	No. of pupils who Smoked	No. of pupils smoking stated amount per week.				
			1—	5—	10—	15—	20—
Boys	496	97	(19%) 18	(22%) 21	(22%) 21	(7%) 7	(31%) 30
Girls	621	47	(40%) 19	(28%) 13	(15%) 7	(2%) 1	(15%) 7

(Figures in brackets refer to percentage of smokers who smoked stated amount.)

The recorded percentage distribution of “smokers” in all types of school in 1961, 1962, 1963, and 1964 is compared in Table V.

TABLE V.

		No. of pupils interviewed				No. of pupils who “smoked”				*Percentage of total who smoked			
		1961	1962	1963	1964	1961	1962	1963	1964	1961	1962	1963	1964
Boys	..	546	1,312	646	496	223	344	176	97	41	26	27	20
Girls	..	658	917	530	621	101	95	47	47	15	10	9	8

*i.e. those who smoked at least one per week.

Although there are difficulties in obtaining a truly accurate smoking history from school children, it would seem from the information now available that there is some continuing reduction in the number of children who indulge this habit. It is to be hoped that this is a true reflection on the situation.

As regards “out-of-school” activities, 11 per cent County grammar boys and 23 per cent County secondary boys interviewed attended some form of youth organisation, whilst 3 per cent of the County grammar girls and 10 per cent of the County secondary girls belonged to such organisations.

The two following tables summarise the information obtained in an enquiry into the onset of menarché in girls.

TABLE VI.
TABLE SHOWING DISTRIBUTION OF AGE OF GIRLS AT MENARCHÉ.

Type of school	No. interviewed	Age at menarché						Total with age stated.	No menarché.
		10	11	12	13	14	15		
County Secondary	370	9	53	103	115	35	—	315	55
County Grammar	251	10	38	100	67	27	—	242	9
All schools	621	19	91	203	182	62	—	557	64

TABLE VII.
TABLE SHOWING BY TYPE OF SCHOOL ATTENDED, THE CUMULATIVE FREQUENCY DISTRIBUTION OF MENARCHÉ IN GIRLS INTERVIEWED, WHERE THE AGE AT MENARCHÉ WAS STATED.

Age.	County Secondary.			County Grammar.			All Schools.		
	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	% Cum. Freq.	No.	Cum. Freq.	%Cum. Freq.
10 ..	9	9	2·8	10	10	4·1	19	19	3·4
11 ..	53	62	19·7	38	48	15·7	91	110	19·7
12 ..	103	165	52·4	100	148	61·1	203	313	56·1
13 ..	115	280	89·0	67	215	88·8	182	495	88·9
14 ..	35	315	100·0	27	242	100·0	62	557	100·0
15 ..	—	—	—	—	—	—	—	—	—

TABLE VIII.

Questions were again asked about choice of future career and the results are summarised in this Table.

Type of School	Total interviewed	No. who indicated	Law	Medicine and dental	Academic teaching, etc.	Nursing	Social Science	Commercial	Music	Building	Engineering	Hairdressing	Factory work	Domestic	Shop assistants, etc.	Manual and labouring	Post Office	Police and Forces	Colliery	Miscellaneous
County Secondary:																				
Boys	346	265	-	-	-	1	-	3	-	56	39	2	36	-	6	36	-	3	11	72
Girls	370	334	-	1	6	46	-	79	-	-	-	40	84	16	48	-	1	2	-	11
County Grammar:																				
Boys	150	103	1	13	24	-	3	5	1	7	23	-	1	-	-	-	-	-	-	25
Girls	251	211	1	13	86	23	-	51	2	-	-	2	-	-	1	-	-	-	-	32

3. DEFECTIVE VISION.

During 1964, 1,256 children were examined at local authority refraction clinics compared with 905 in the previous year and 515 prescriptions for glasses were issued.

Ninety-one children were referred for further investigation by the Consultant Ophthalmologist at Llwynypia Hospital.

4. ORTHOPAEDIC SERVICE.

Mrs. M. Edwards continued to be available in this service and, in conjunction with the departmental medical staff and the consultant services of Mr. D. N. Rocyr Jones, a good deal of work was carried out during the year and Table IX gives details of the work.

A remedial centre for the treatment of orthopaedic defects in children has been provided at Porth Hospital by the Pontypridd and Rhondda Hospital Management Committee and from January 1965 the responsibility for this particular service is to be accepted by the Hospital Management Committee.

TABLE IX.
TABLE SHOWING TYPE AND NUMBER OF TREATMENTS CARRIED OUT
AT ORTHOPAEDIC CLINICS, 1964.

Total No. of sessions	Total No. of attendances	No. attending for first time	Disposal			No. of Treatments							
			For physiotherapy	For consultant opinion	Given advice	Massage	Electrical	U.V.L.	Exercises	Plasters	Insoles	Shoe Fittings	Other
375	2,199	760	385	107	221	85	—	—	1,196	65	344	258	410

5. DENTAL TREATMENT.

Report by Mr. T. ARFON WILLIAMS, Area Dental Surgeon.

The staffing position at the end of the year was unimproved. No whole-time dental officer was recruited during the year despite renewed advertisement and considering that the school population alone is nearly 17,000, the Service can be said to be completely inadequate. Mr. A. M. Harries, L.D.S., was engaged for one half-day session per week at the beginning of March but left after ten weeks. Mr. Alun Owen, L.D.S., continued to serve one half-day session at Ynyswen Clinic.

During the course of the year, the dental suite at Ferndale Clinic was re-organised to include two surgeries, and was completely re-equipped. In September, dental treatment was restarted there on four half-day sessions a week. During October a Medical Research Council team, headed by Professor John Miller of the Welsh National Dental School, was given clinic facilities at Ystrad to carry out a pilot survey of adult dental health in the Rhondda together with a parallel sociological

survey. This survey, which will be followed by a wider survey in the coming year, is the first of its nature to be undertaken in the Rhondda and the results should prove very interesting.

In July, during the Rhondda Trades Fair and Exhibition at Ynyscynon, a section of the Health Service stand was devoted to showing the work of the Authority's Dental Service. A dental chair and unit were temporarily installed and models of interesting orthodontic cases and of complex prosthetic work were shown, posters displayed, and leaflets distributed. The Dental Auxiliary, Miss S. Paget, was on hand to answer questions and the stall, particularly the chair, proved immensely popular amongst the children.

The most notable innovation during the year was that of a programme of Dental Health Education in the schools. This was undertaken by the Dental Auxiliary who visited thirty-one schools of all three types giving instruction in dental health to some 4,300 children of school age. For this programme, three short colour films with sound track, suitable for showing to various age groups, were purchased and these, together with a flannelgraph, plaster models of the dental arches, and posters and leaflets, were used to stimulate the interest of pupils in dental hygiene, to demonstrate the results of neglect, and to instruct them in the best methods of avoiding dental diseases.

Generally, as far as Dental Health Education is concerned, it must be said that there is a vast barrier of ignorance surmounted by apathy and indifference even among educated adults. The pre-school child whose deciduous dentition has been systematically, albeit unwittingly, destroyed by the use of the syrup-filled comforter and sugar-dipped dummy from its very cradle, and who is subsequently bombarded with sweets and lollipops, is common. The long-term result of this treatment, apart from pain and the distress attendant on the almost inevitable extraction (which often engenders fear and resentment of remedial dental treatment for many years), is an infant child conditioned to desire and expect a cariogenic diet. The school child whose mouth is a festering necrotic mess results. Its parents would be horrified if its head were verminous but the deplorable oral condition and the consequent ingestion of decaying meat and vegetables from six meals back is viewed with equanimity. Against this, it must be said that those parents who are concerned and anxious for their children's health find it difficult to secure dental treatment because of the scarcity of dental surgeons both in the General Dental Service and in the Public Health Service. This is not likely to be remedied until conditions of service in both fields are so improved as to attract young men of sufficient academic achievement and of the right calibre into the profession. It was noted during the year that several schools continued to sell biscuits. This practice cannot be too strongly deprecated and is as reprehensible as would be the sale of cigarettes and alcohol. The substitution of non-cariogens such as apples, nuts, and raisins is to be recommended. In addition to attempting to correct cariogenic dietary habits, the other preventive measure which should be undertaken is the long-delayed fluoridation of the public water supply.

The record of treatment undertaken during the year makes satisfying reading when the deplorable staff shortage is remembered. The figures given in the Statistical Appendix—Table V—require some elaboration. Of 2,418 pupils examined either at school or at the clinic, 2,342 were found to require treatment. The 2,573 patients offered treatment during the year include some of those examined

towards the end of 1963 who were not offered treatment until January 1964. Of those offered treatment, 2,069 attended for treatment. 2,088 permanent teeth were restored and nearly 2,000 deciduous teeth conserved, the figure 317 under heading VIII (iii) being largely composed of deciduous teeth which, being too extensively carious for restoration, were otherwise conserved. These figures, although satisfactory in themselves, cannot be compared with the corresponding ones for last year because conservative work was only undertaken during the last three months of that year. The emphasis on the conservation of the deciduous dentition is continued but it will be seen that the figures for extraction for both deciduous and permanent teeth are still far too high and are a sad commentary on the state of dental health among the school population. In addition to this largely routine work, some crown and inlay work has been undertaken as shown under heading VIII which also includes such treatment as the surgical removal of buried, malposed, impacted, and supernumerary teeth. Several patients have commenced orthodontic treatment during the year. This continues over many months and those patients persevering with their treatment at the end of the year show satisfactory progress.

It is intended during the coming year to continue the programme of dental health education in the schools and to re-equip the dental clinic at Ynyswen. This will mean that five surgeries in three clinics will then have modern equipment installed.

In conclusion, I would wish to add my thanks to my colleagues and staffs for their interest and co-operation.

6. HEALTH EDUCATION.

The availability of a film projector enabled the institution of a major health education programme in Rhondda schools during 1964. As mentioned in the report of the Area Dental Officer, a considerable amount of dental health education was carried out using suitable films.

In the autumn term, a film called "This is Your Lung" was obtained for the purpose of launching an anti-smoking campaign amongst school children. The film deals with the dangers of smoking (particularly of cigarette smoking) regarding health with an emphasis on the connection between smoking and respiratory diseases e.g. lung cancer. It was shown in nearly all grammar and secondary modern schools following a short explanatory talk given by an assistant medical officer who then answered any questions asked by the pupils (and staff!) relating to the topic. The "message" was aimed at those children who may have already started smoking and those who were of an age when the habit is easily picked up. Any results the venture may produce will be difficult to assess but the possible effect of the figures (given on page 169) regarding smoking habits of school children will be closely studied during the next few years.

Expansion of the Health Education Programme is envisaged and in the near future will include talks to junior school children regarding smoking dangers (with a suitably less serious film) and talks by school nurses to girls on the subject of menstruation, again accompanied by a suitable film.

7. INFECTIOUS DISEASE.

Table XI shows numbers of notifications of various diseases amongst children during the year.

TABLE XI.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1964 (UNDER 15 YEARS)

	<i>Notifiable diseases.</i>						<i>Total</i>
Scarlet fever	55
Whooping cough	91
Acute poliomyelitis, paralytic	0
Acute poliomyelitis, non-paralytic	0
Measles	528
Diphtheria	0
Dysentery	11
Meningococcal infection	1
Ophthalmia neonatorum	0
Acute pneumonia, primary	20
Acute pneumonia, influenzal	3
Smallpox	0
Acute encephalitis, post infectious	0
Acute encephalitis, infective	0
Enteric or Typhoid fevers	0
Erysipelas	0
Food poisoning	0

8. PREVENTION OF TUBERCULOSIS.

Our programme of B.C.G. vaccination was continued during the year and Table XII summarises the work done.

TABLE XII.

TABLE GIVING DETAILS OF B.C.G. VACCINATION IN CHILDREN
AGED 13 YEARS AND OVER.

School or Further Education Establishments	No. of parental consents requested	Accepted B.C.G.		Mantoux Tests			No. given B.C.G.
		No.	%	No. tested	No. negative	% negative	
Blaenclydach Sec. Boys ..	47	30	63·8	27	14	51·9	14
Blaenclydach Sec. Girls ..	51	25	49·0	19	6	31·6	6
Bodringallt Sec. Modern ..	56	44	78·6	33	20	60·6	20
Bronllwyn Sec. Boys ..	34	29	85·3	24	22	91·7	22
Bronllwyn Sec. Girls ..	38	29	76·3	24	23	95·8	23
Craig-yr-Eos Sec. Boys ..	68	48	70·6	35	28	80·0	28
Craig-yr-Eos Sec. Girls ..	60	51	85·0	33	31	93·9	31
Cymmer Sec. Modern ..	69	52	75·4	37	29	78·4	29
Ferndale Sec. Boys ..	83	36	43·4	21	14	66·7	14
Ferndale Sec. Girls ..	76	68	89·5	51	35	68·6	35
Ferndale Grammar ..	158	120	75·9	88	74	84·1	74
Hendrefadog Sec. Modern ..	122	85	69·7	59	34	57·6	34
Llwyncelyn Sec. Modern ..	49	41	83·7	28	25	89·3	25
Pentre Grammar	119	99	83·2	71	42	59·2	42
Porth County Boys ..	77	46	59·7	38	31	81·6	31
Porth County Girls ..	92	81	88·0	60	43	71·7	43
Porth Grammar Technical ..	123	71	57·7	64	50	78·1	50
Tonypandy Grammar ..	113	101	89·4	75	45	60·0	45
Tonypandy Roman Catholic	12	5	41·7	5	4	80·0	4
Trealwaw Sec. Modern ..	51	27	52·9	19	16	84·2	16
Treherbert Sec. Boys ..	48	24	50·0	22	20	90·0	20
Treherbert Sec. Girls ..	67	51	76·1	28	24	85·7	24
Treorchy Sec. Modern ..	55	47	85·5	37	28	75·7	28
Ynyshire Sec. Boys ..	61	32	52·4	23	20	87·0	20
Total	1,729	1,242	71·8	921	678	73·6	678

Children who give a positive reaction to a certain degree in skin testing are referred to the Chest Physician for further investigation as a routine measure. His report on the children examined by him during the year showed that none was suffering from tuberculosis.

9. HANDICAPPED CHILDREN.

Children found to have physical defects which merited some special recommendation as to education were examined with a view to classification as handicapped pupils and during the year two partially sighted, two maladjusted, one epileptic, and nine educationally subnormal pupils were so classified and referred for special educational treatment at boarding schools.

10. CHILD GUIDANCE CLINIC.

The fortnightly Child Guidance Clinic held at Court House Clinic continued to be manned by Dr. K. W. Aron, Consultant Psychiatrist. Mr. Birch, the Educational Psychologist, held his Clinic at Court House at weekly intervals.

During 1964 twenty-eight new cases were seen at the Court House Clinic.

11. HOSPITALISED ACCIDENTS IN CHILDHOOD.

As from 1st July, 1961, reports of hospitalised accidents in childhood have been made the subject of detailed follow-up. This enables the Health Visitors to re-emphasise the continued need for vigilance in the prevention of accidents at this age. Some of the data obtained has been tabulated in the following three tables with comparative data for 1961, 1962, and 1963.

TABLE XIII.

TABLE SHOWING AGE AND SEX DISTRIBUTION OF HOSPITALISED ACCIDENTS.

Age group years	Male				Female				Total			
	1961	1962	1963	1964	1961	1962	1963	1964	1961	1962	1963	1964
0—	2	—	7	—	1	—	2	—	3	—	9	—
1—	24	9	46	45	12	3	27	28	36	12	73	73
5—	31	12	37	27	11	10	14	17	42	22	51	44
10—15	18	25	14	9	9	16	5	7	27	41	19	16
All ages	75	46	104	81	33	29	48	52	108	75	152	133

TABLE XIV.
TABLE SHOWING DISTRIBUTION OF ACCIDENTS BY DAY OF OCCURRENCE.

Day of week	No. of Accidents			
	1961	1962	1963	1964
Monday ..	14	7	18	22
Tuesday ..	19	8	26	25
Wednesday ..	10	12	18	15
Thursday ..	21	6	26	21
Friday	18	13	18	20
Saturday ..	12	15	28	19
Sunday	14	14	18	11
Total ..	108	75	152	133

TABLE XV
TABLE SHOWING DISTRIBUTION OF HOSPITALISED ACCIDENTS BY PLACE OF OCCURRENCE.

A. *Accident at home*—73.

(1) *Inside.*

(a) basement ..	1
(b) ground floor ..	46
(c) upper floor ..	13

(2) *Outside (garden, etc.).*

(a) rear	8
(b) front	5

The injuries sustained fall into the following groups:—

(a) Falls	42
(b) Burns and scalds ..	10
(c) Others	21

B. *Accidents outside home*—60

(1) *In the roadway*—19, of which 19 were due to falls.

(2) *Vehicular injuries*—20, of these the association vehicle is shown below:—

(a) Motor cycle	5
(b) Car	8
(c) Bus	1
(d) Goods vehicle	6

(3) *Playground injuries*—21. The nature of injury is shown below with comparative data for 1961, 1962, and 1963:—

Nature of Injury	No. Affected			
	1961	1962	1963	1964
Fracture	56	21	30	22
Dislocation and sprain ..	8	5	2	3
Internal injury	4	9	5	14
Wounds and lacerations ..	37	39	31	21
Foreign bodies	3	1	—	—
Total	108	75	68	60

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

(I) SUMMARY IN AGE GROUPS.

Age groups inspected (by years of birth)	No. of pupils inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
		No. (3)	No. (4)
1960 and later			
1959	3,808	3,807	1
1958	7,070	7,057	13
1957	3,633	3,618	15
1956	908	908	—
1955	301	301	—
1954	251	251	—
1953	271	270	1
1952	129	129	—
1951	107	107	—
1950	191	191	—
	3,096	3,091	5
1949 and earlier	4,957	4,935	22
Total ..	24,722	24,665	57

Column 3 total as percentage of column 2. Total = 99.77

Column 4 total as percentage of column 2. Total = 0.23

PART I—continued.

TABLE A.—PERIODICAL MEDICAL INSPECTIONS—continued.
(II) SUMMARY IN DIVISIONS.

Division (1)	No. of pupils inspected (2)	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
		No. (3)	No. (4)
Aberdare and Mountain Ash ..	3,609	3,608	1
Caerphilly and Gelligaer ..	2,688	2,684	4
Mid-Glamorgan	4,060	4,055	5
Neath and District	2,415	2,399	16
Pontypridd and Llantrisant ..	1,872	1,871	1
Port Talbot and Glyncofrwrg ..	1,885	1,885	—
South-East Glamorgan	4,713	4,688	25
West Glamorgan	1,558	1,553	5
Rhondda	1,922	1,922	—
Total	24,722	24,665	57

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

(1) SUMMARY IN AGE GROUPS.

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (6)	For any of the other conditions recorded in Part II (7)	Total individual pupils (8)
1960 and later	49	481	482
1959	177	933	992
1958	118	573	630
1957	34	120	135
1956	14	39	49
1955	13	30	38
1954	13	18	27
1953	6	10	15
1952	7	6	8
1951	5	22	25
1950	215	293	451
1949 and earlier	459	478	745
Total	1,110	3,003	3,597

PART I—continued.
TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODICAL MEDICAL INSPECTIONS—continued.
(II) SUMMARY IN DIVISIONS.

Division (1)	For defective vision (excluding) squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
Aberdare and Mountain Ash	94	514	506
Caerphilly and Gelligaer	117	232	344
Mid-Glamorgan	79	308	376
Neath and District	106	291	385
Pontypridd and Llantrisant	87	274	306
Port Talbot and Glyncoirwg	58	42	98
South-East Glamorgan	528	990	1,200
West Glamorgan	40	154	184
Rhondda	1	198	198
Total	1,110	3,003	3,597

TABLE C.—OTHER INSPECTIONS.

Division	No. of special inspections	No. of re-inspections	Total
Aberdare and Mountain Ash	763	1,889	2,652
Caerphilly and Gelligaer	472	2,875	3,347
Mid-Glamorgan	925	1,751	2,676
Neath and District	86	728	814
Pontypridd and Llantrisant	476	831	1,307
Port Talbot and Glyncofrwg	456	1,036	1,492
South-East Glamorgan	859	832	1,691
West Glamorgan	179	703	882
Rhondda	750	610	1,360
Total	4,966	11,255	16,221

PART I—continued.

TABLE D.

(I) INFESTATION WITH VERMIN.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoed	South-East Glamorgan	West Glamorgan	Rhondda	Total
(i) Total number of examinations in the schools by the school nurses or other authorised persons ..	21,584	17,863	14,805	25,586	29,769	21,904	22,242	30,484	34,445	218,682
(ii) Total number of individual pupils found to be infested ..	482	382	1,332	164	827	561	473	318	386	4,925
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	—	—	—	—	—	—	—	—	12	12
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—	—	—	—	—	—	—	—	—	—

(II) VISITS TO HOMES BY SCHOOL NURSES.

Total number of visits paid to homes ..	469	763	978	739	1,627	737	930	460	1,026	7,669
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PART II.

TABLE A.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.
PERIODIC INSPECTIONS (ENTRANTS).

(1) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Abderare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	9	7	8	3	15	3	55	2	9	111
Eyes	38	76	30	34	51	44	276	23	31	603
Ears	31	8	23	28	5	1	172	2	11	287
Nose and Throat	32	21	25	42	5	10	164	8	24	331
Speech	32	11	13	19	5	7	48	4	2	141
Lymphatic Glands	10	3	1	6	4	—	32	—	—	56
Heart	14	5	6	11	19	—	54	4	3	116
Lungs	11	4	6	11	7	—	44	3	5	91
Developmental	13	7	4	1	2	—	38	2	9	76
Orthopaedic	212	83	75	110	113	11	199	86	120	1,009
Nervous System	1	2	1	5	1	2	11	—	—	23
Psychological	5	—	—	4	1	—	49	—	2	61
Abdomen	3	—	—	3	1	—	12	—	—	19
Other	—	2	2	2	—	1	33	—	4	44

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (ENTRANTS)—continued.

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	58	36	102	55	27	40	59	15	56	448
Eyes	57	169	39	32	78	96	51	11	83	616
Ears	39	126	42	85	76	65	130	9	80	652
Nose and Throat	270	211	281	258	167	169	275	84	220	1,935
Speech	34	23	44	38	25	11	46	5	37	263
Lymphatic Glands	158	146	103	298	94	48	72	14	119	1,052
Heart	89	119	97	42	49	88	115	21	79	699
Lungs	55	71	95	86	65	79	67	19	85	622
Developmental	145	33	52	14	21	25	70	13	37	410
Orthopaedic	309	82	181	267	91	178	174	38	141	1,461
Nervous System	16	25	24	10	7	11	19	12	17	141
Psychological	13	7	32	16	57	4	67	3	25	224
Abdomen	17	9	6	30	4	21	23	—	—	110
Other	—	19	10	16	20	3	13	—	21	102

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (LEAVERS).

(III) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Cae'rphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glynco'rrog	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	9	7	5	4	15	—	31	8	—	79
Eyes	84	58	66	78	61	13	340	23	—	723
Ears	11	14	3	13	2	—	32	4	—	79
Nose and Throat	6	5	11	10	—	—	45	3	—	80
Speech	3	1	4	5	—	—	7	3	—	23
Lymphatic Glands	2	—	1	1	—	—	7	—	—	11
Heart	3	—	3	9	13	—	27	—	—	55
Lungs	5	1	3	8	1	—	20	—	—	38
Developmental	5	2	8	3	6	—	8	—	—	32
Orthopaedic	42	50	50	39	31	2	119	23	—	356
Nervous System	1	—	1	2	—	—	14	—	—	18
Psychological	—	—	—	—	—	—	13	—	—	13
Abdomen	—	—	—	—	—	—	15	—	—	15
Other	—	—	—	2	3	—	14	—	—	19

PART II—continued.
TABLE A—continued.
PERIODIC INSPECTIONS (LEAVERS)—continued.
(IV) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Abderare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoed	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	4	20	48	27	7	2	31	17	—	156
Eyes	21	81	13	19	2	14	34	11	—	195
Ears	4	29	11	27	21	3	14	9	—	118
Nose and Throat	3	20	51	42	5	8	40	14	—	183
Speech	3	9	10	32	—	—	8	2	—	64
Lymphatic Glands	4	9	25	38	5	6	12	4	—	103
Heart	2	56	43	21	10	9	26	18	—	185
Lungs	6	25	18	32	6	5	17	15	—	124
Developmental	5	21	35	8	4	—	18	4	—	95
Orthopaedic	17	29	57	98	5	8	99	39	—	352
Nervous System	—	6	7	17	3	—	4	2	—	39
Psychological	2	10	18	43	6	—	4	8	—	91
Abdomen	—	2	1	7	—	1	14	5	—	30
Other	—	12	3	4	3	—	10	2	—	34

PART II—continued.

TABLE A—continued

PERIODIC INSPECTIONS (OTHERS).

(V) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin ..	—	—	—	—	—	—	8	1	—	9
Eyes ..	5	2	17	7	—	6	71	3	—	111
Ears ..	1	—	—	—	—	—	29	—	—	30
Nose and Throat ..	2	—	5	—	—	3	14	—	—	24
Speech ..	1	—	1	—	—	2	9	1	—	14
Lymphatic Glands ..	2	—	—	—	—	—	4	—	—	6
Heart ..	1	—	—	—	—	—	3	—	—	4
Lungs ..	—	—	1	—	—	—	4	1	—	6
Developmental ..	—	1	3	—	—	—	8	—	—	12
Orthopaedic ..	7	2	10	—	—	1	21	7	—	48
Nervous System ..	—	—	2	—	—	—	2	1	—	5
Psychological ..	1	—	—	—	—	—	7	—	—	8
Abdomen ..	—	—	—	—	—	—	2	—	—	2
Other ..	—	—	—	—	—	—	3	—	—	3

PART II—continued.

TABLE A—continued.

PERIODIC INSPECTIONS (OTHERS)—continued.

(VI) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Abderare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoedwys	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin ..	—	—	5	—	—	5	1	2	—	13
Eyes ..	—	1	11	2	—	27	14	3	—	58
Ears ..	1	2	6	—	—	24	2	2	—	37
Nose and Throat ..	—	6	20	—	—	24	6	11	—	67
Speech ..	—	1	26	—	—	10	—	—	—	37
Lymphatic Glands ..	1	—	4	—	—	1	—	—	—	6
Heart ..	—	1	16	—	—	5	5	3	—	30
Lungs ..	3	1	11	—	—	27	1	8	—	51
Developmental ..	2	—	33	—	—	5	—	—	—	40
Orthopaedic ..	—	—	36	—	—	9	9	2	—	56
Nervous System ..	1	—	22	—	—	7	—	2	—	32
Psychological ..	—	—	23	—	—	—	—	1	—	24
Abdomen ..	—	1	1	—	—	10	—	—	—	12
Other ..	—	—	2	—	—	1	—	—	—	3

PERIODIC INSPECTIONS (TOTALS).

(VII) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoed	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	18	14	13	7	30	3	94	11	9	199
Eyes	127	136	113	119	112	63	687	49	31	1,437
Ears	49	22	26	41	7	1	233	6	11	396
Nose and Throat	40	26	41	52	5	13	223	11	24	435
Speech	36	12	18	24	5	9	64	8	2	178
Lymphatic Glands	14	3	2	7	4	—	43	—	—	73
Heart	18	5	9	20	32	—	84	4	3	175
Lungs	16	5	10	19	8	—	68	4	5	135
Developmental	18	10	15	4	8	—	54	2	9	120
Orthopaedic	261	135	135	149	144	14	339	116	120	1,413
Nervous System	2	2	4	7	1	2	27	1	—	46
Psychological	6	—	—	4	1	—	69	—	2	82
Abdomen	3	—	—	3	1	—	29	—	—	36
Other	—	2	2	4	3	1	50	—	4	46

PART II—*continued.*

TABLE A—*continued.*

PERIODIC INSPECTIONS (TOTALS)—*continued.*

(VIII) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Abderare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	62	56	155	82	34	47	91	34	56	617
Eyes	78	251	63	53	80	137	99	25	83	869
Ears	44	157	59	112	97	92	146	20	80	807
Nose and Throat	273	237	352	300	172	201	321	109	220	2,185
Speech	37	33	80	70	25	21	54	7	37	364
Lymphatic Glands	163	155	132	336	99	55	84	18	119	1,161
Heart	91	176	156	63	59	102	146	42	79	914
Lungs	64	97	124	118	71	111	85	42	85	797
Developmental	152	54	120	22	25	30	88	17	37	545
Orthopaedic	326	111	274	365	96	195	282	79	141	1,869
Nervous System	17	31	53	27	10	18	23	16	17	212
Psychological	15	17	73	59	63	4	71	12	25	339
Abdomen	17	12	8	37	4	32	37	5	—	152
Other	—	31	15	20	23	4	23	2	21	139

TABLE B.—SPECIAL INSPECTIONS.

(1) NUMBER OF DEFECTS REQUIRING TREATMENT.

Defect or disease	Aberdare and Mountain Ash	Caeaphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin ..	2	4	1	—	1	2	2	17	4	33
Eyes ..	16	6	14	19	27	12	26	23	4	147
Ears ..	28	2	61	—	13	12	100	38	—	254
Nose and Throat ..	19	11	28	6	12	18	51	40	16	201
Speech ..	10	3	6	4	7	3	37	17	1	88
Lymphatic Glands ..	8	1	2	1	2	—	—	1	1	16
Heart ..	4	1	13	2	4	4	10	3	—	41
Lungs ..	7	1	7	3	3	2	14	19	—	56
Developmental ..	2	1	4	—	2	1	6	10	—	26
Orthopaedic ..	11	8	33	2	14	3	25	35	30	161
Nervous System ..	3	5	15	—	1	3	15	21	—	63
Psychological ..	17	48	17	1	2	—	162	29	—	276
Abdomen ..	1	2	1	1	1	1	—	—	—	7
Other ..	1	3	5	10	3	1	44	1	1	69

PART II—continued.

TABLE B.—SPECIAL INSPECTIONS—continued.

(II) NUMBER OF DEFECTS REQUIRING OBSERVATION.

Defect or disease	Abertawe and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwng	South-East Glamorgan	West Glamorgan	Rhondda	Total
Skin	7	12	22	—	3	3	1	19	1	68
Eyes	17	19	3	8	8	6	3	5	9	78
Ears	210	23	112	2	23	124	2	31	40	567
Nose and Throat	42	49	48	5	15	12	7	67	38	283
Speech	5	6	5	3	2	—	—	8	2	31
Lymphatic Glands	13	7	6	3	4	1	1	7	5	47
Heart	25	28	21	3	5	16	8	49	15	170
Lungs	35	25	21	4	5	10	2	56	7	165
Developmental	22	12	16	1	5	2	—	22	1	81
Orthopaedic	23	19	30	2	15	14	5	38	25	171
Nervous System	15	8	14	3	4	7	1	43	7	102
Psychological	17	27	22	—	34	—	7	45	10	162
Abdomen	3	11	1	3	1	2	1	16	1	39
Other	10	7	3	2	8	5	1	4	9	49

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

Disease or defect	Number of cases known to have been dealt with									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
External and other, excluding errors of refraction and squint	7	4	5	152	—	2	5	—	—	175
	616	870	879	194	1,121	870	1,322	650	1,256	7,778
Errors of refraction (including squint)										
	623	874	884	346	1,121	872	1,327	650	1,256	7,953
Total										
	428	193	319	147	385	206	441	183	575	2,817
Number of pupils for whom spectacles prescribed										

PART III—continued.

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

Number of cases known to have been dealt with										
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Received operative treatment:										
(a) For diseases of the ear ..	2	10	37	33	3	61	16	—	—	162
(b) For adenoids and chronic tonsillitis ..	26	132	299	231	49	84	310	11	78	1,220
(c) For other nose and throat conditions ..	2	3	92	34	12	25	19	—	—	187
Received other forms of treatment	14	—	11	—	—	113	6	4	91	239
Total	44	145	439	298	64	283	351	15	169	1,808
Total number of pupils in schools who are known to have been provided with hearing aids:										
(a) in 1964	1	1	1	1	2	5	9	1	8	29
(b) in previous years ..	10	11	16	3	19	13	10	6	2	90

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
(a) No. of pupils known to have been been treated at clinics or out- patient departments	392	454	560	803	694	178	445	443	228	4,197
(b) No. of pupils known to have been treated at school for postural defects	84	—	—	—	—	—	—	—	—	84
Total	476	454	560	803	694	178	445	443	228	4,281

PART III—continued.

TABLE D.—DISEASES OF THE SKIN.

(excluding Uncleanliness, for which see Table D of Part I).

Disease or defect	Number of cases known to have been treated									
	Aber-dare	Caer-philly	Mid-Glam.	Neath	Ponty-pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
Ringworm—(a) Scalp	—	—	—	—	—	—	1	—	—	1
(b) Body	—	—	—	1	—	—	—	—	—	1
Scabies	—	4	3	—	—	—	2	1	1	11
Impetigo	—	2	1	—	—	12	3	3	—	21
Other skin diseases	6	—	32	2	6	1	—	11	5	63
Total	6	6	36	3	6	13	6	15	6	97

TABLE E.—CHILD GUIDANCE TREATMENT.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	27	10	9	38	8	27	7	23	57	206

TABLE F.—SPEECH THERAPY.

	Aber- dare	Caer- philly	Mid- Glam.	Neath	Ponty- pridd	Port Talbot	S.E. Glam.	West Glam.	Rhondda	Total
No. of cases known to have been treated	121	80	135	139	77	121	126	195	—	994

PART III—continued.

TABLE G.—OTHER TREATMENT GIVEN.

No. of cases known to have been dealt with	Abdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffw	South-East Glamorgan	West Glamorgan	Rhondda	Total
Pupils with minor ailments ..	112	—	—	110	—	—	—	4	22	248
Infective and Parasitic Diseases ..	—	—	—	—	—	—	—	—	86	86
Allergic Endocrine System Metabolic and Nutritional Diseases ..	—	—	—	—	—	—	—	—	—	—
Diseases of the Nervous System and Sense Organs (including epilepsy) ..	1	—	9	—	—	—	—	9	—	19
Diseases of the Circulatory System ..	4	6	29	—	12	—	—	1	—	52
Diseases of the Respiratory System ..	6	13	13	—	13	23	—	2	—	70
Diseases of the Digestive System ..	3	2	—	—	7	—	—	—	98	110
Diseases of the Genito-Urinary System	6	—	9	—	20	—	—	1	119	155
Accidents and injuries ..	33	—	—	1	12	—	4	3	66	119
Others ..	—	—	—	—	22	86	—	1	437	546
Minor surgical conditions ..	—	—	—	—	—	—	—	—	35	35
Appendix ..	—	—	—	—	8	—	—	—	—	8
Obesity ..	—	—	5	—	—	—	—	—	—	5
Anaemia ..	—	—	3	—	—	—	—	—	—	3
Sub-acute Rheumatism ..	—	—	2	—	—	—	—	—	—	2
Epilepsy ..	—	—	—	—	—	—	—	—	16	16
Total ..	165	21	70	111	94	109	4	21	877	1,472

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoed	South-East Glamorgan	West Glamorgan	Rhondda	Total
(1) No. of pupils inspected:										
(a) At periodic inspections ..	7,526	—	5,337	3,359	443	4,805	842	5,710	928	28,950
(b) As specials ..	1,627	1,278	2,016	160	986	1,355	1,854	310	1,490	11,076
Total (1) ..	9,153	1,278	7,353	3,519	1,429	6,160	2,696	6,020	2,418	40,026
(2) No. found to require treatment ..	7,341	1,244	5,666	1,965	843	4,701	2,221	3,952	2,342	30,275
(3) No. actually treated ..	3,604	1,064	2,369	1,623	689	1,847	2,159	1,119	2,069	16,543
(4) No. of attendances made by pupils for treatment, including those recorded under heading 11 (d) ..	6,366	3,843	12,881	7,067	3,109	9,961	5,586	6,351	4,382	59,546
(5) Half-days devoted to:										
Periodic inspection ..	51	—	43	47	2	47	6	70	8	274
Treatment ..	687	403	1,055	644	395	1,134	767	653	357	6,095
Total (5) ..	738	403	1,098	691	397	1,181	773	723	365	6,369

PART IV—continued.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—continued.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncoffwys	South-East Glamorgan	West Glamorgan	Rhondda	Total
(6) Filling:										
Permanent teeth	1,503	2,329	2,381	2,437	1,501	3,577	2,751	2,495	2,516	21,490
Temporary teeth	97	71	616	319	98	652	462	112	1,855	4,282
Total (6)	1,600	2,400	2,997	2,756	1,599	4,229	3,213	2,607	4,371	25,772
(7) No. of teeth filled:										
Permanent	1,343	1,953	2,148	2,314	1,219	3,343	2,188	2,211	2,088	18,807
Temporary	93	62	529	316	89	612	428	111	1,651	3,891
Total (7)	1,436	2,015	2,677	2,630	1,308	3,955	2,616	2,322	3,739	22,698
(8) Extractions:										
Permanent teeth	997	582	1,035	924	415	712	759	598	1,126	7,148
Temporary teeth	2,390	1,461	2,157	1,727	735	2,199	1,882	1,694	2,424	16,671
Total (8)	3,387	2,043	3,192	2,651	1,150	2,911	2,641	2,294	3,550	23,819
(9) No. of General Anaesthetics given for extractions	659	358	980	1,121	288	976	779	765	1,347	7,273
(10) No. of half-days devoted to admini- stration of General Anaesthetics by Medical Practitioners	65	29	101	108	29	85	70	63	166	716

PART IV—continued.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY—continued.

Analysis of work	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid- Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncofwrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
(11) Orthodontics:										
(a) Pupils treated	96	28	72	129	67	43	113	114	13	675
(b) Cases completed and discon- tinued during the year ..	37	26	39	92	4	35	64	9	5	311
(c) Pupils supplied with appli- cances during the year ..	42	26	111	40	39	86	216	68	20	648
(d) Total attendances	106	142	425	141	199	255	781	280	74	2,403
(12) Number of pupils supplied with artificial teeth	27	14	46	50	14	28	33	31	15	258
(13) Other operations:										
Crowns	—	—	3	—	—	—	5	2	9	19
Inlays	2	—	—	—	—	—	—	—	1	3
Other treatment.. ..	828	369	3,665	3,001	256	971	660	631	317	10,698
Total (13)	830	369	3,668	3,001	256	971	665	633	327	10,720

PART V.

RETURN OF HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

Category of Handicap	TABLE A.		TABLE B (i).		TABLE B (ii).	
	Boys	Girls	Boys	Girls	Boys	Girls
	No. newly assessed as needing special educational treatment at Special Schools or in Boarding Homes		Of those included at A, No. newly placed in Special Schools or Boarding Homes during the year.		No. assessed during previous years who were newly placed in Special Schools or Boarding Homes during the year	
A. Blind	-	1	-	1	1	1
B. Partially sighted	6	1	6	1	-	-
C. Deaf	-	3	-	-	-	2
D. Partially hearing	1	1	1	1	-	1
E. Physically handicapped	10	6	6	3	3	1
F. Delicate	2	1	2	-	1	-
G. Maladjusted	10	1	8	1	2	1
H. Educationally Subnormal	46	46	13	22	10	29
I. Epileptic	-	2	-	-	-	-
J. Speech Defects	1	-	-	-	-	-
Total	76	62	36	29	17	35

PART V—continued.
HANDICAPPED PUPILS.

Category of Handicap	TABLE C (i) No. requiring places in Special Day Schools on 28th January, 1965 (including those temporarily receiving home tuition)		TABLE C (ii) No. requiring places in Special Boarding Schools on 28th January, 1965 (including those temporarily receiving home tuition)	
	Boys	Girls	Boys	Girls
A. Blind	—	—	—	—
B. Partially sighted	—	—	1	—
C. Deaf	—	—	3	2
D. Partially hearing	—	—	—	—
E. Physically handicapped	—	—	10	3
F. Delicate	—	—	1	1
G. Maladjusted	—	—	4	—
H. Educationally subnormal	28	21	53	45
I. Epileptic	—	—	1	1
J. Speech Defects	—	—	1	—
Total	28	21	74	52

PART V—continued.
TABLE D.
HANDICAPPED PUPILS ATTENDING SPECIAL SCHOOLS OR BOARDING HOMES.

Category of Handicap	Maintained Special Schools				Non-maintained Special Schools		Independent Schools		Boarding Homes	
	Day		Boarding		Boys	Girls	Boys	Girls	Boys	Girls
	Boys	Girls	Boys	Girls						
A. Blind	—	1	9	10	4	6	—	—	—	—
B. Partially sighted	1	1	19	7	1	—	—	—	—	—
C. Deaf	1	—	15	17	1	1	2	2	—	—
D. Partially hearing	—	—	6	2	5	3	1	1	—	—
E. Physically handicapped	8	11	42	25	—	—	—	1	—	—
F. Delicate	—	—	3	2	—	—	—	—	1	1
G. Maladjusted	—	—	—	—	1	—	1	—	13	—
H. Educationally subnormal	78	76	75	51	4	2	—	—	—	—
I. Epileptic	—	—	—	—	5	3	—	—	—	—
J. Speech defects	—	—	—	—	1	—	—	—	—	—
Total	88	89	169	112	22	15	4	4	14	1

PART V—continued.

TABLE E.

NUMBER OF HANDICAPPED PUPILS BEING EDUCATED UNDER ARRANGEMENTS MADE UNDER SECTION 56 OF THE EDUCATION ACT, 1944, ON 20TH JANUARY, 1964.

Category of handicap	In hospitals	At home	Total
A. Blind	—	1	1
B. Partially sighted ..	—	—	—
C. Deaf	—	—	—
D. Partially hearing ..	—	—	—
E. Physically handicapped ..	2	34	36
F. Delicate	—	5	5
G. Maladjusted	—	1	1
H. Educationally subnormal ..	—	—	—
I. Epileptic	—	—	—
J. Speech defects	—	—	—
Total	2	41	43

CLINICS HELD IN GLAMORGAN

KEY:

AN : Ante-natal	D : Dental
Aud : Audiometric	IW : Infant Welfare
BC : Birth Control	MA : Minor Ailments
CG : Child Guidance	Op : Ophthalmic
Ch : Chiropody	Or : Orthopaedic
S : Speech Therapy	

Clinic address.

Sessions held.

ABERDARE AND MOUNTAIN ASH HEALTH DIVISION.

Rock Grounds, Aberdare	AN Aud BC CG Ch D IW
	Or S
Aberdare Road, Mountain Ash	AN Aud Ch D IW Op S
Secondary School, Penrhiwceiber	MA
Harcourt Terrace, Penrhiwceiber	AN IW
Avondale Street, Ynysboeth	AN Aud IW MA Or S
Walter Street, Abercynon	AN Aud D IW MA Op S
Welfare Hall, Penywaun	AN IW
Bethel Chapel Vestry, Hirwaun	AN IW
Workman's Hall, Cwmbach	AN Aud IW Or
Unemployed Social Club, Godreaman	AN IW
Y.M.C.A., Aberaman	AN IW

CAERPHILLY AND GELLIGAER HEALTH DIVISION.

Y.M.C.A., Abertridwr	AN IW
Old Cottage Homes, Park Road, Bargoed	AN Aud BC Ch D IW Op S
Goshen Calvinistic Methodist Church, Bedlinog	IW
Workman's Institute, Brithdir	IW
Maternity and Child Welfare Clinic, Denscombe Estate, Caerphilly	AN Aud Ch D IW Op Or
Bethel Baptist Chapel, Cefn Hengoed	IW
Workman's Institute, Deri	IW
Welfare Hall, Fochriw	AN BC IW
Old Age Pensioners' Hall, Gelligaer	IW
Church Hall, Llanbradach	AN IW
Oxford Hall, Rhydyrhelig, Nantgarw	IW
County Council Clinic, Nelson	AN Aud IW
New Community Hall, Glanynant, Pengam	AN IW
Church Hall, Pontlottyn	AN IW
Welfare Hall, Rudry	IW
Neuadd yr Eglwys, Senghenydd	AN IW
Community Hall, Taffs Well	IW
Workman's Institute, Tirphil	IW
Penyrheol Clinic, Trecenydd, Caerphilly	AN Aud D IW S
County Offices, Caerphilly Road, Ystrad Mynach	Aud BC Ch D Op Or
Trinity Baptist Church Hall, Trelewis	AN IW
Siloh Calvinistic Methodist Church, Ystrad Mynach	AN IW

MID-GLAMORGAN HEALTH DIVISION.

County Council Clinic, Quarella Road, Bridgend	Aud Ch D Op Or S
Greenmeadow, Coity Road, Bridgend	Aud AN BC IW
Council Offices, Glanogwr, Bridgend	IW
Community Hall, Heol Glannant, Newcastle Hill, Bridgend	IW

MID-GLAMORGAN HEALTH DIVISION—*continued.*

Old Secondary School, Plasnewydd Street, Maesteg ..	Ch D Op Or
Parc Site Sunday School, Maesteg	IW
Calcaria Chapel, Cwmfelin, Maesteg	AN IW
The Clinic, Church Street, Maesteg	AN Aud IW S
Maternity and Child Welfare Clinic, Park Avenue, Ogmore Vale	AN Aud Ch D IW
Glanrhyd, Nantymoel	AN Aud Ch IW
Mission Hall, Blackmill	IW
Maternity and Child Welfare Clinic, South Place, Porth- cawl	AN Aud Ch D IW
Hope Congregational Vestry, Porthcawl	IW
Maternity and Child Welfare Clinic, Alexandra Road, Pontycymmer	AN Aud D IW
Tabernacle Vestry, Blaengarw	IW
Welfare Hall, Bettws	IW
Maternity and Child Welfare Clinic, Bryncwils, Bryn- cethin	AN IW
New Street, Aberkenfig	AN Aud IW
Community Hall, Abergarw	IW
Maternity and Child Welfare Clinic, Duffryn Road, Caerau	Aud IW
Social Service Hall, Llangynwyd	AN IW
Social Club, Llangeinor	IW
Wimbourne Road, Pencoed	AN Aud Ch IW
Social Services Hall, Heolycyw	AN IW
Community Hall, Bryntirion	IW
Church Hall, Laleston	AN IW
Methodist Chapel, Cornelly	AN IW
The Public Hall, Cefn Cribbwr	AN IW
Maternity and Child Welfare Clinic, Waunbant Road, Kenfig Hill	AN Aud IW
Mynnydd Cynffig Infants' School, Kenfig Hill ..	D
Church Hall, St. Brides Major	AN IW
The Village Hall, Wick	AN IW

NEATH AND DISTRICT HEALTH DIVISION.

The Clinic, Dyfed Road, Neath	AN Aud BC IW MA Op Or S
Boys' Club, Aberdulais	IW
Bryncoch Church School, Bryncoch	IW
St. John's Ambulance Hall, Crynant	IW
Y.M.C.A. Hostel, Onllwyn	IW
Sardis Chapel Vestry, Resolven	IW
Croesffordd Community Centre, Rhigos	IW
St. Catherine's Parish Hall, Neath	IW
Maternity and Child Welfare Clinic, Mary Street, Seven Sisters	AN Ch D IW Op
Maternity and Child Welfare Clinic, Addoldy Road, Glyn Neath	AN Ch D IW Op
Maternity and Child Welfare Clinic, Cefn Parc, Skewen	AN Ch D IW Op
The Clinic, Hunter Street, Briton Ferry	AN Ch D IW MA Op
Cimla Welfare Hall, Cimla	AN IW
Maternity and Child Welfare Clinic, Longford, Neath Abbey	AN D IW
5 London Road, Neath	CG Ch D

PONTYPRIDD AND LLANTRISANT HEALTH DIVISION.

Mount Pleasant, Beddau	IW Op Ch
Central Clinic, Ynysangharad Park, Pontypridd ..	AN Aud BC Ch D IW Op Or
The Square, Talbot Green	AN Aud BC Ch D IW Op
School Street, Tonyrefail	AN Aud Ch D IW Op Or
Llwyn yr Eos, Church Village	Ch IW
Merthyr Road, Pontshonnorton, Pontypridd ..	CG IW
Bethania Congregational Church Vestry, Evanstown, Gilfach Goch	IW
Gelliarael Road, Gilfach Goch	AN Ch IW
Old Age Pensioners' Hall, Foundry Road, Hopkinstown	IW
County Council Clinic, Ash Square, Rhydyfelin ..	AN Aud Ch D IW Op
Thompson Street, Ynysybwl	AN IW Ch
Saron Chapel Vestry, Treforest	IW
Church Hall, Glyncoch, Pontypridd	IW
St. John's Church Vestry, Graig Street, Pontypridd ..	IW

PORT TALBOT AND GLYNCORRWG HEALTH DIVISION.

Council Offices, Taibach, Port Talbot	AN BC Ch D IW Op S
Pendarves Street, Aberavon	AN Aud D IW Op
Depot Road, Cwmavon	AN Ch D IW Op
Ynys Street, Port Talbot	AN IW Or
County Council Clinic, Baglan	AN Ch IW Op
Brynseinon Chapel Vestry, Bryn, Port Talbot ..	IW
Welfare Hall, Pontrhydyfen	IW
Tonmawr Primary School, Tonmawr	IW
Workman's Hall, Glynccorrwg	AN IW
Duffryn Afan Primary School, Duffryn	IW
Welfare Hall, Abercregan, Cymmer	AN IW
The Clinic, Council Offices, Cymmer	AN Ch D IW Op
Villiers Road, Blaengwynfi	AN Ch D IW
Community Centre, Margam	AN IW
Dew Road, Sandfields	AN Aud BC Ch D IW Op S
Maternity and Child Welfare Clinic, South Avenue, Croeserw	AN Aud IW

SOUTH-EAST GLAMORGAN HEALTH DIVISION.

Public Health Centre, Woodland Road, Barry ..	D Op
Glamorgan County Council Clinic, Wyndham Street, Barry	AN Aud BC Ch IW Or
Maternity and Child Welfare Clinic, Friars Road, Barry Island	Ch IW
Glamorgan County Council Clinic, Church Road, Cadoxton, Barry	Aud Ch IW S
Maternity and Child Welfare Clinic, Methodist Church Hall, Porthkerry Road, Barry	IW
Maternity and Child Welfare Clinic, Winston Road, Colcot, Barry	Ch IW
Beecroft Clinic, 112 Stanwell Road, Penarth ..	AN Aud BC Ch D IW Op Or
Maternity and Child Welfare Clinic, Albert Road Methodist Church, Penarth	IW
Maternity and Child Welfare Clinic Reading Room, Harriet Street, Cogan	IW
Maternity and Child Welfare Clinic, Recreation Hall, Rhiwbina	IW

SOUTH-EAST GLAMORGAN HEALTH DIVISION—continued.

Maternity and Child Welfare Clinic, Fontigary Road, Rhose	AN Ch IW
Glamorgan County Council Clinic, Bishops Road, Whitchurch	AN Aud Ch D IW Op Or S
Maternity and Child Welfare Clinic, Cardiff Road, Dinas Powis	AN Ch IW
Maternity and Child Welfare Clinic, Horeb Chapel Vestry, Pentyrch	IW
Maternity and Child Welfare Clinic, Village Hall, Tongwynlais	IW
Maternity and Child Welfare Clinic, Church Hall, Radyr	IW
Maternity and Child Welfare Clinic, Calfaria Baptist Chapel, Llanharan	AN Ch IW
Maternity and Child Welfare Clinic, R.A.F. Camp, St. Athan	IW
Maternity and Child Welfare Clinic, Woodstock House, Cowbridge	AN Ch IW
Glamorgan County Council Clinic, Boverton Road, Llantwit Major	Aud Ch D Or
Public Hall, Llanharry	Ch
Village Hall, Pendoylan	Ch

Mobile Clinic.

Aberthin; Bonvilston; Brynna; Castleton; Colwinston; Creigiau; Culverhouse; Cyncoed; Flemingstone; Gwaelod-y-Garth; Lisvane; Llancarfan; Llandough; Llandow; Llangan; Llanedeyrne; Llanharry; Lower Penarth; Marcross; Millands Caravan Site; Pancross; Pantmawr Estate, Rhiwbina; Pendoylan; Penmaine; Penmark; Peterston; Porthkerry; St. Athan; St. Donats; St. Fagans; St. Mary Church; St. Nicholas; Sully; Treoes; Wenvoe; Ystradowen.

WEST GLAMORGAN HEALTH DIVISION.

Glamorgan County Council Clinic, West Street, Gors-einion	AN Aud Ch D IW Op Or S
Rechabite Hall, Gowerton	Ch IW
Welfare Hall, Gwaun-cae-Gurwen	Ch D IW
Infants' School, Pontardawe	Aud Ch D Op Or S
Secondary Modern School, Pontardulais	D
Glamorgan County Council Clinic, Tirbach Road, Ystalyfera	AN Aud Ch D IW Op Or S
Welfare Hall, Grovesend	IW
St. David's Church Hall, Loughor	IW
Church Hall, Penllergaer	IW
The Mechanics' Institute, St. Teilo Street, Pontardulais	AN Ch IW
Maternity and Child Welfare Clinic, Bishopston	AN Ch D IW Or
Chapel Vestry, Reynoldston	IW
Village Hall, Rhossilli	IW
Tabernacle Chapel Vestry, Penclawdd	AN IW
Welfare Hall, Penclawdd	Ch D
Unemployed Welfare Centre, Dunvant	IW
Village Hall, Upper Killay	IW
Ynysderw House, Pontardawe	AN IW

WEST GLAMORGAN HEALTH DIVISION—*continued.*

Welfare Hall, Godre'rgraig	..	..	..	..	IW
Welfare Hall, Cwmllynfell	..	..	..	..	Ch IW
Calfaria Baptist Chapel, Clydach	..	..	..	..	Ch IW
Junior Mixed School, Clydach	..	..	..	..	D
Bethania Chapel, Graigfelen Estate, Clydach	..	..	..	..	IW
Welfare Hall, Garnswllt	..	..	..	..	IW

BOROUGH OF RHONDDA.

Welfare Centre, Ynyswen, Treorchy	..	..	..	AN Aud Ch D IW Op Or
Welfare Centre, Trafalgar Terrace, Ystrad, Rhondda	..	..	..	AN Aud Ch D IW Op Or
Court House, Court Street, Tonypandy	..	..	..	AN Aud CG Ch IW
Carnegie Welfare Centre, Tealaw	..	..	..	AN Aud BC Ch IW Op Or
Welfare Centre, Hendrecafn Road, Penygraig	..	..	..	AN Aud Ch IW
Y.M.C.A. Building, Porth	..	..	..	IW
Welfare Centre, Ynys Villas, Ynyshir Road, Ynyshir	..	..	..	AN Ch IW
Welfare Centre, Oakland Terrace, Ferndale	..	..	..	AN Aud Ch D IW Op Or